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# Campbell County Library System Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for the signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-Time  Temporary  employment? When could you start? \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Name	Telephone Number
_____		_____	_____
Present Street Address		City	State
_____		_____	_____
_____		_____	Zip Code

Are you 18 years of age or older?..... Yes  No

If hired, can you furnish proof you are eligible to work in the US? ..... Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation?  
(include any plea of "guilty" or "no contest." Exclude minor traffic violations) ..... Yes  No

If yes, give details \_\_\_\_\_  
(a conviction will not necessarily disqualify an applicant for employment)

If employed, do you expect to be engaged in any additional business or employment outside this job?.... Yes  No

If yes, give details \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? ..... Yes  No

Driver's License Number: \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? ..... Yes  No

If yes, give details \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.

List the names and addresses of schools

High School or GED: \_\_\_\_\_ Circle highest level completed 9 10 11 12

College or University: \_\_\_\_\_ Circle highest level completed 1 2 3 4

Graduate School: \_\_\_\_\_ Circle highest level completed 1 2 3 4

Vocational or Technical: \_\_\_\_\_ Circle highest level completed 1 2

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List names of employers starting with present or most recent employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Have you worked or attended school under any other name?..... Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed?..... Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing any pre-required pre-employment testing. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening exam. I hereby consent to a pre-and/or post- employment drug screen as a condition of employment if required. **I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE BOARD OF COMMISSIONERS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHAIRMAN AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.** I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_