

# Putnam County Public Library

## Application for Employment

In order for you to be considered for employment, this application must be filled out in its **entirety**.  
Resumes are welcome, but will not replace information requested in the application.

What position are you applying for?	Are you applying for: <input type="checkbox"/> Full time (35 hours a week)  <input type="checkbox"/> Part Time	Why do you wish to work here?
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Name: \_\_\_\_\_ Phone: - -

First                      Middle                      Last

Email: \_\_\_\_\_

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

Street                      City                      State                      Zip

Are you legally able to work in the U.S.?  Yes  No      What date would you be able to start? \_\_\_\_/\_\_\_\_

Have you been convicted or pled guilty to a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

When are you available to work?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
to	to	to	to	to	to	to

What office equipment, software, apps, and others computer programs do you use?

Other courses, seminars, volunteer work that would apply for this position?	Licenses, Certificates, Degrees?
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**Education:**

Type of School	Name of School	Location of School	Major	Did you graduate?
High School				
College/Other				

**Work Experience:**

Present Employer (or most recent):	From Mo./Year	To Mo./Year	Name of Immediate Supervisor:
	Ending Salary:		Your Position:
			Reason for Leaving?
Street Address and phone number:			
Previous Employer:	From Mo./Year	To Mo./Year	Name of Immediate Supervisor:
	Ending salary:		Your Position:
			Reason for Leaving?
Street Address and phone number:			
Previous Employer:	From Mo./Year	To Mo./Year	Name of Immediate Supervisor:
	Ending salary:		Your Position:
			Reason for Leaving?
Street Address and phone number:			

By signing this application you affirm that all information in this application is true and complete to the best of your knowledge. Any misrepresentation may disqualify you for consideration of employment or may cause your dismissal. I acknowledge and consent to the investigation being carried out by telephone or in writing with former, current employers.

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