



**KNOWLTON LIBRARY**  
220 NORTH MAIN STREET \* BELLEFONTAINE, OHIO 43311-2228  
PHONE (937) 599-4189 \* FAX (937) 599-5503  
www.LoganCountyLibraries.org

**LIBRARY EMPLOYMENT APPLICATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_  
TYPE OF POSITION DESIRED \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

**HIGH SCHOOL:**

NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_

**COLLEGE:**

NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_  
MAJOR \_\_\_\_\_ YEAR GRADUATED \_\_\_\_\_

**WORK EXPERIENCE:**

| EMPLOYER | POSITION | DATE  | REASON FOR LEAVING |
|----------|----------|-------|--------------------|
| _____    | _____    | _____ | _____              |
| _____    | _____    | _____ | _____              |
| _____    | _____    | _____ | _____              |

**SKILLS:** (Operation of office machines, audio-visual equipment, knowledge of foreign language, etc.)

\_\_\_\_\_  
\_\_\_\_\_

1. I hereby authorize the Logan County Libraries to contact school, college, employment, and other relevant sources to disclose such records and other information as may be requested.
2. I understand that upon request I may inspect any information obtained through reference checks in connection with my application for employment.
3. I understand that any false statements in this application may be cause for discharge if I am employed.

**PLEASE LIST THREE REFERENCES:**

| NAME  | ADDRESS | PHONE |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_