



**Cabell County Public Library**  
**455 Ninth Street Plaza**  
**Huntington, WV 25701**

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

|   |  |  |  |  |
|---|--|--|--|--|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>A<br/>L<br/><br/>I<br/>N<br/>F<br/>O<br/>R<br/>M<br/>A<br/>T<br/>I<br/>O<br/>N</b> | Last Name _____ First _____ Middle _____   |  |  | Today's Date _____                                 |
|   | Street Address _____   |  |  | Home Phone _____                                   |
|   | City, State, Zip _____   |  |  | Business Phone _____                               |
|   | Have you ever applied for employment with us? ( ) Yes ( ) No<br>If yes, Month and Year _____ Location _____                                  |  |  | Social Security Number _____                       |
|   | Apart from absences for religious observance, are you available for work full-time?<br>( ) Yes ( ) No If not, what hours can you work? _____ |  |  | Will you work overtime if asked?<br>( ) Yes ( ) No |
|   | Are you legally eligible for employment in the United States? ( ) Yes ( ) No   |  |  | When will you be available to begin work? _____    |
|   | Other special training or skills? (languages, machine operation, etc.) _____   |  |  |  |
|   | How did you learn of our organization? _____   |  |  |  |

| <b>E<br/>D<br/>U<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b> | SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE?<br>Yes/No | DEGREE OR DIPLOMA |
|--|--------------|-----------------------------|-----------------|------------------------|-----------------------------|-------------------|
|  | COLLEGE      |                             |                 |                        |                             |                   |
|  | HIGH SCHOOL  |                             |                 |                        |                             |                   |
|  | ELEMENTARY   |                             |                 |                        |                             |                   |
|  | OTHER        |                             |                 |                        |                             |                   |

|  |  |  |  |
|--|--|--|--|
| <b>M<br/>I<br/>L<br/>I<br/>T<br/>A<br/>R<br/>Y</b> | <b>COMPLETE THIS SECTION IF YOU SERVED IN THE ARMED FORCES</b> |  | Branch of Service _____                                    |
|  | Describe your duties and any special training _____            |  | Period of Active Duty (Month & Yr.)<br>From _____ To _____ |
|  | Rank at discharge _____  |  | Date of Final Discharge _____                              |

**MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS** (Exclude those which may disclose your race, creed, color, religion or national origin)

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