



**JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY
EMPLOYMENT APPLICATION**

Employment applications are required. Résumés may not be substituted. Applications should be submitted to:
 Jeffersonville Township Public Library
 Attention Human Resources
 P.O. Box 1548
 Jeffersonville, IN 47131-1548

Answer each question fully and accurately. Please print or type. **Date** _____

Last Name		First Name		Middle Name
Address	Street	City	State	Zip
Primary Phone		Secondary Phone	Email address	
Position applied for:			Minimum Salary Requirement:	
Date available for employment:			Driver's License #, State of Issue	
Are you seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				

- Have you ever worked at the Jeffersonville Township Public Library? YES NO
 If yes, please list dates of employment. _____
- Have you ever been convicted of a felony? YES NO
- Are you at least 16 years old? YES NO
- Do you have any relatives currently employed by the library? YES NO

If yes, Name: _____ Relationship: _____

In case of emergency notify _____

Tell us briefly why you are interested in working at the Jeffersonville Township Public Library _____

EDUCATION

List any apprenticeships, business or vocational schools:

Type of School	Name of School	Major Subject	Graduated	Last Year Attended
<u>High School</u>				
<u>College</u>				
<u>Graduate</u>				

LIST ADDITIONAL SKILLS, KNOWLEDGE OR OTHER RELEVANT QUALIFICATIONS.

PREVIOUS EMPLOYMENT

PLEASE COMPLETE THIS SECTION EVEN IF YOU PLAN TO ATTACH A RESUME. List names and addresses of former employers beginning with the most recent. Please attach additional pages if necessary.

1. Name and Address of Employer	Dates Employed	Duties Performed
Phone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	

Job Title: _____ Status: Full-time Part-time Temporary

Supervisor's Name: _____

Reason for leaving: _____

2. Name and Address of Employer	Dates Employed	Duties Performed
Phone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	

Job Title: _____ Status: Full-time Part-time Temporary

Supervisor's Name: _____

Reason for leaving: _____

3. Name and Address of Employer	Dates Employed	Duties Performed
Phone:	MO/YR From: To:	
	Hourly rate/salary: Start: End:	

Job Title: _____ Status: Full-time Part-time Temporary

Supervisor's Name: _____

Reason for leaving: _____

Please indicate any previous employers you do not want us to contact: _____

May we contact your current employer for a reference and verification? Yes No

Are you a United States citizen? Yes _____ No _____

If not, are you authorized to work in the United States, and do you understand that under the Immigration Reform and Control Act of 1986, upon hire, you will be required to provide documents verifying your identity and eligibility to work in the United States? Yes _____

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am hired, my employment may be terminated at any time.

In consideration of my employment I agree to comply with the library's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the library's option. I also understand and agree that the library may change, with or without cause and with or without notice, the terms and conditions of my employment at any time.

As an applicant for employment with the Jeffersonville Township Public Library, I understand that a thorough background investigation may be conducted to qualify me for eligibility.

I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, credit standing, or character, to release said information to the person or agency identified herein, unless restricted by law. This authorization is made voluntarily, for the purpose of employment only. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information.

I have read, understand, and by my signature consent to these statements.

Applicant signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE _____

Interviewed by: _____

Date: _____

Remarks:

Hired: Yes No Position: _____

Wage: _____ Start Date: _____