



**JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY  
EMPLOYMENT APPLICATION**

Employment applications are required. Resumes may not be substituted. Applications should be submitted via email to Debbie Beckham at dbeckham@jefflibrary.org or by mail to:

Jeffersonville Township Public Library  
Attention Human Resources  
PO 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 \_\_\_\_\_ Phone: \_\_\_\_\_

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:	<b>MO/YR</b> From: To:	
	<b>Hourly rate/salary:</b> 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:	<b>MO/YR</b> From: To:	
	<b>Hourly rate/salary:</b> 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:	<b>MO/YR</b> From: To:	
	<b>Hourly rate/salary:</b> 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.

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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: \_\_\_\_\_