

JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY EMPLOYMENT APPLICATION

Employment applications are required. Résumés may not be substituted. Applications should be submitted via email to Bethany Daily at bdaily@jefflibrary.org or by mail to:

Jeffersonville Township Public Library

Jeffersonville Township Public Attention Human Resources P.O. Box 1548 Jeffersonville, IN 47131-1548

Answer each question fully and accurately. Please print or type. Date						
Last Name	Fi	First Name		N	Middle Name	
Address St	reet Ci	City		ate Z	Z ip	
Primary Phone	Secondary Phone	Email address				
Position applied for: Minimum Sa			ary Requirement:			
Date available for employment:			Drivers	License #, Sta	te of Issue	
Are you seeking:						
Have you ever worked at the Jeffersonville Township Public Library? If yes, please list dates of employment. Have you ever been convicted of a felony? Are you at least 16 years old? Do you have any relatives currently employed by the library? It is JTPL's policy to not hire employees' relatives or cohabitants. In case of emergency, notify Phone Tell us briefly why you are interested in working at the Jeffersonville Township Public Library						
EDUCATION List any apprenti	ceships, business, or vocational schools	s:				
Type of School	Name of School		r Subject	Graduated	Last Year Attended	
High School						
College						
Graduate						

LIST ADDITIONAL SKILLS, KNOWLEDGE, OR OTHER RELEVANT QUALIFICATIONS.

PREVIOUS EMPLOYMENT

<u>PLEASE COMPLETE THIS SECTION EVEN IF YOU PLAN TO ATTACH A RESUME</u>. 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			
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	From:				
	To:				
Phone:	Hourly rate/salary:				
Thone.	Start:				
	End:				
Job Title:	Status:	Full-time Part-time Temporary			
Job Title.	Status.	Tun-time rart-time remporary			
Supervisor's Name:					
Reason for leaving: 2. Name and Address of Employer	Dates Employed	Duties Performed			
2. Ivaine and reducess of Employer	MO/YR	Duties I criorineu			
	From:				
	To:				
	Hourly rate/salary:				
Phone:	Start:				
Thone.	End:				
Job Title:	Status:	Full-time Part-time Temporary			
Supervisor's Name:					
-					
Reason for leaving:	D (D) 1				
3. Name and Address of Employer	Dates Employed	Duties Performed			
	MO/YR				
	From: To:				
	10.				
	Hourly rate/salary:				
	Start:				
Phone:	End:				
Job Title: Status: Full-time Part-time Temporary					
Supervisor's Name					
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 on this application is true and complete. 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 employment only. I agree to hold harmless any individual or agency involved with the authorized release of legitimate information. I have read, understand, and consent to these statements by my signature. Applicant signature: DO NOT WRITE BELOW THIS LINE_____ Interviewed by: Date: Remarks: Hired: Yes □ No □ Position:_____ Wage: Start Date:

Page 3