

# JEFFERSONVILLE TOWNSHIP PUBLIC LIBRARY

## EMPLOYMENT APPLICATION



Employment applications should be submitted to Bethany Daily at [bdaily@jefflibrary.org](mailto:bdaily@jefflibrary.org) or by mail to:  
 Jeffersonville Township Public Library  
 Attention Human Resources  
 P.O. Box 1548  
 Jeffersonville, IN 47131

Date of Application:

### PERSONAL INFORMATION

Full Name:

Pronouns:    He /him            She/her            They/them            Other (please specify)

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Position applied for:

Date available for employment:

Have you ever worked at the Jeffersonville Township Public Library?    Yes            No

If yes, list position and 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  
It is JTPL's policy to not hire employees' relatives or cohabitants.

Briefly explain why you're interested in working at the Jeffersonville Township Public Library:

### EDUCATION

Type of School	Name of School	Major/Area of Study	Did you graduate?
High School			
College			
Graduate			

List additional skills, knowledge, or other relevant qualifications.

## EMPLOYMENT HISTORY

List your previous employers, beginning with the most recent. Please attach additional pages if necessary.

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Start Date (MO/YR): \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
End Date (MO/YR): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Status:    Full-time            Part-time            Temporary  
Responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Start Date (MO/YR): \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
End Date (MO/YR): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Status:    Full-time            Part-time            Temporary  
Responsibilities: \_\_\_\_\_

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City and State: \_\_\_\_\_  
Start Date (MO/YR): \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
End Date (MO/YR): \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Status:    Full-time            Part-time            Temporary  
Responsibilities: \_\_\_\_\_

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 acknowledge 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 acknowledge 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:

Date: