

WHITLEY COUNTY PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

The Whitley County Public Library is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state, or federal laws.

Personal Information

Date: _____

Name: _____
LAST
FIRST
MIDDLE

Address: _____

Phone: _____ Email: _____

- Are you legally eligible to work in the United States? Yes No
- Are you 18 years of age or older? (Proof of age required under 18) Yes No
- Have you ever been convicted of a felony? Yes No

If yes, please provide the date and explain the nature of each offense. _____

Please list any relatives currently employed by the library. _____

Position Information

Position Desired: _____ Full Time Part Time

Salary Required: _____ Date Available to Begin Work: _____

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From						
To						

Education

	Name and Location of Institute	Graduated	Degree/Diploma
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, or Technical		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

List your last three places of employment; most recent first.

COMPANY NAME	FROM:	To:
ADDRESS	DATES OF EMPLOYMENT	
SUPERVISOR	PHONE	
POSITION/DUTIES	START:	END:
COMPANY NAME	RATE OF PAY	
ADDRESS	REASON FOR LEAVING	
SUPERVISOR	FROM:	To:
POSITION/DUTIES	DATES OF EMPLOYMENT	
COMPANY NAME	PHONE	
ADDRESS	START:	END:
SUPERVISOR	RATE OF PAY	
POSITION/DUTIES	REASON FOR LEAVING	
COMPANY NAME	FROM:	To:
ADDRESS	DATES OF EMPLOYMENT	
SUPERVISOR	PHONE	
POSITION/DUTIES	START:	END:
COMPANY NAME	RATE OF PAY	
ADDRESS	REASON FOR LEAVING	

Training/Skills

Please describe specialized education, training, or job skills, including computer experience.

Professional/Academic References

NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP
NAME	PHONE	RELATIONSHIP

The information provided on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I understand that any false or misleading information given in my application or interview(s) may result in my dismissal.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature _____ Date _____