



Employment Application

Alexandria-Monroe Public Library
 117 E. Church St
 Alexandria, IN 46001-2005
 765-724-2196
 765-724-2204 (fax)
 www.alexlibrary.net

DATE OF APPLICATION	
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The Library is an equal opportunity employer.

Applicants are considered for employment without regard to race, color, religion, national origin, sexual orientation, sex, age, disability or any other legally protected class.

NAME	LAST	FIRST	MIDDLE
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ADDRESS	STREET	CITY	STATE	ZIP
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If you have resided at your present address less than three years, list other addresses at which you have resided during the past three years.

ADDRESS	STREET	CITY	STATE	ZIP
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ADDRESS	STREET	CITY	STATE	ZIP
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CONTACT NUMBER	EMAIL ADDRESS
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POSITION APPLIED FOR	HOURLY RATE/SALARY REQUIRED
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ARE YOU AVAILABLE TO WORK FULL TIME? (PLEASE ANSWER "YES" OR "NO")	
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ARE YOU AVAILABLE TO WORK PART TIME? (PLEASE ANSWER "YES" OR "NO")	
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What hours and days of the week are you available to work? (Please use "N/A" if not available)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WILL YOU WORK OVERTIME IF REQUIRED? (PLEASE ANSWER "YES" OR "NO")	
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AFTER REVIEWING THE JOB DESCRIPTION(S) THAT CORRESPOND(S) TO THE POSITION(S) FOR WHICH YOU APPLIED, ARE YOU ABLE TO PERFORM ALL JOB FUNCTIONS? (PLEASE ANSWER "YES" OR "NO")	
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ON WHAT DATE WOULD YOU BE ABLE TO START WORK?	
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HAVE YOU EVER BEEN EMPLOYED BY THE LIBRARY BEFORE?	
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IF YES, GIVE DATE AND REASON FOR LEAVING	
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DO YOU HAVE ANY RELATIVES EMPLOYED BY THE LIBRARY OR WHO SERVE ON THE LIBRARY BOARD OF TRUSTEES? (NOTE: THE EMPLOYMENT OF A RELATIVE OR ACQUAINTANCE IS NOT A QUALIFICATION FOR EMPLOYMENT AND WILL NOT RESULT IN PREFERENCE IN EMPLOYMENT)	
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IF YES, PLEASE LIST THEM BY NAME	
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ARE YOU A U.S. CITIZEN OR OTHERWISE ELIGIBLE TO WORK IN THE U.S.?	
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HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME THAT HAS NOT BEEN EXPUNGED BY A COURT? (PLEASE ANSWER "YES" OR "NO")	
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IF YES, PLEASE EXPLAIN (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT)	
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HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? (PLEASE ANSWER "YES" OR "NO")	
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IF YES, PLEASE EXPLAIN	
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EMERGENCY CONTACT INFORMATION	NAME	RELATIONSHIP	ADDRESS	PHONE NO.

EDUCATION

Type of school	Name	City/State	Years completed	Graduate?	Degree granted
High School					
College or University					
Business, Trade, or Technical					

MILITARY SERVICE

DID YOU SERVE IN THE UNITED STATES ARMED FORCES? (PLEASE ANSWER "YES" OR "NO")	
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IF YES, WHAT BRANCH OF SERVICE?	
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ARE YOU IN THE ARMED FORCES RESERVE? (PLEASE ANSWER "YES" OR "NO")	
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IF YES, WHAT BRANCH OF THE RESERVE?	
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IF YES, WHAT IS YOUR STATUS? (PLEASE ANSWER "ACTIVE" OR "INACTIVE")	
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TYPE OF DISCHARGE?	
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SPECIAL SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EDUCATION, EMPLOYMENT, VOLUNTEER WORK, OR MILITARY SERVICE.	
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LIST SPECIFIC OFFICE MACHINES, SOFTWARE, TOOLS, MACHINERY, OR OTHER EQUIPMENT THAT YOU ARE TRAINED ON AND CAN OPERATE THAT WILL BE HELPFUL IN PERFORMING THE RESPONSIBILITIES OF THE POSITION FOR WHICH YOU ARE APPLYING.	
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PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

NAME	ADDRESS	TELEPHONE

EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience for at least the last 10 years. Job-related military service assignments and volunteer activities that reflect your qualifications for employment may be listed.

Employer:		Employment Dates:	
Address:		Salary/Hourly Rate:	
Telephone		Work Performed:	
Job Title		Reason for Leaving:	
Immediate Supervisor			

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Telephone		Work Performed:	
Job Title		Reason for Leaving:	
Immediate Supervisor			

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? (PLEASE ANSWER "YES" OR "NO")	
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If no, list which one(s) you do not wish us to contact and state the reason why you prefer that we do not contact the employer(s).	
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PROVIDE ANY INFORMATION THAT YOU BELIEVE WOULD BE HELPFUL IN CONSIDERING YOUR APPLICATION.	

APPLICANT'S STATEMENT

(PLEASE INDICATE THAT YOU HAVE READ AND UNDERSTAND EACH PARAGRAPH OF THIS STATEMENT BY PLACING YOUR INITIALS BESIDE EACH PARAGRAPH)

	I hereby certify that the information provided on this application is true and complete, and I understand and agree that false statements, misrepresentations, or significant omissions in this application or during any subsequent interview form proper grounds for not hiring me or for terminating my employment if discovered at a later date.
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	I hereby authorize the Alexandria-Monroe Public Library to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish the Alexandria-Monroe Public Library with my complete records of employment together with the reasons for my separation and any and all information that such employers may possess concerning me, and I release past and present employers and their officials, officers and agents from any and all liability or any damages that may accrue to me by reason of furnishing such information and I similarly release the Alexandria-Monroe Public Library from liability or damages for compiling such information.
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	I understand and agree that if I am employed, the employment relationship will be terminable at will by either party without notice or cause, notwithstanding any other oral or written statements by either party prior to, at, or following date of employment unless set out in writing, dated, and executed by both parties or their designated legal agents. Only the Library Director has such authority on behalf of the Alexandria-Monroe Public Library.
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	I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or legal authorization to work in the United States. As a consequence, I understand that any offer of employment by the Alexandria-Monroe Public Library would be contingent upon my ability to produce the required documentation within the time period required by law.
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DATE: _____

SIGNATURE OF APPLICANT

NOTE: This application will be kept on file in digital format for at least three years.