

PERRY COUNTY PUBLIC LIBRARY

Employment Application

Address Office:

2328 Tell St. Tell City, IN 47586

(812)547-2661

e: library@perrycountypl.org,

www.perrycountypl.org



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Referred by: _____ Are you 18 years of age or older? Yes No

Last

First

Middle

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes No May we contact your current employer? Yes No

Phone number of current employer? _____ Supervisor: _____

Have you applied to this company before? Yes No If yes, when? _____

EDUCATION

	Name & Location of School	Circle Last Year Completed				Did You Graduate?	Degrees Earned & Subjects Studied
		1	2	3	4		
High School:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Formal Education:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.): _____

Activities Other Than Religious (Civic, Athletic, etc.): _____

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and the present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

FORMER EMPLOYERS List below your last four employers, starting with the most recent.

Date (Month/Year)	Name, Address & Phone Number of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES List below three persons not related to you, whom you have known at least one year. Attach a separate sheet if preferred.

Name:	Address & Phone	Professional Relationship	Years Acquainted
1.			
2.			
3.			

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interviews, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If employed, I agree to submit to further testing at any time if deemed appropriate by the Company (per company handbook) and as permitted by law. I understand that if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and the present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.