

JAY COUNTY PUBLIC LIBRARY
APPLICATION FOR EMPLOYMENT

Position: Library Assistant (Full-Time)

Application Date _____

Name _____ Telephone _____
Last/First/ Middle

Address _____
Street/City/State/Zip

Referred by _____ Applied here before? _____

EDUCATION

High School : _____

Secondary Education: _____

EMPLOYMENT HISTORY (start with current employer)

Dates of Employment _____ Employer _____ Supervisor _____

Nature of Job _____ Pay Rate _____ Reason for Leaving _____

Dates of Employment _____ Employer _____ Supervisor _____

Nature of Job _____ Pay Rate _____ Reason for Leaving _____

Dates of Employment _____ Employer _____ Supervisor _____

Nature of Job _____ Pay Rate _____ Reason for Leaving _____

Dates of Employment _____ Employer _____ Supervisor _____

Nature of Job _____ Pay Rate _____ Reason for Leaving _____

If you are currently employed, may we contact that employer? _____ Supervisor's name _____

Date you could start this job? _____

The Jay County Public Library is an equal opportunity employer.
Employment applications are kept on file for only 60 days.

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? _____
(Proof of citizenship or Immigration Status will be required upon employment.)

Do you have a valid State of Indiana driver's license without restrictions, other than needing visual correction? _____

This job may include a mix of day, evening and Saturday hours. If you would have conflicts with such hours, give a brief explanation _____

List activities (other than religious) such as clubs, sports, and hobbies:

REFERENCES (Do not use relatives.)

Name, Address _____ Phone _____

Reference's business _____ Years Known _____ How known _____

Name, Address _____ Phone _____

Reference's business _____ Years Known _____ How known _____

Name, Address _____ Phone _____

Reference's business _____ Years Known _____ How known _____

Name, Address _____ Phone _____

Reference's business _____ Years Known _____ How known _____

PHYSICAL RECORD

Do you have any physical condition which may limit your ability to perform the job applied for? It will entail climbing stairs, stepping up and down on step stools, driving the bookmobile, carrying boxes of books, and using a computer keyboard, for example. (circle one) No Yes

If Yes, explain _____

I authorize investigation of all statements contained in this application and release from liability any person or employer supplying such information. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge and understand that any falsification, misrepresentation or omission of acts will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand and agree that any employment which may be offered is "at will," which means it is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

Date _____

Signature _____