

Date: _____

Fulton County Public Library

320 West 7th Street
Rochester, Indiana 46975

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Nights Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employee	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
2.	Employee	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
3.	Employee	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			
4.	Employee	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone	Hourly Rate / Salary		
		Starting	Final	
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List Professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

References

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

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

No

Yes

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes No

Applicant's Statement

I certify that answers given herein are 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being solicited at that time.

I hereby 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

