

GREENTOWN PUBLIC LIBRARY

421 S. Harrison St. – Greentown, IN 46936

765.628.3534 (voice) – 765.628.3759 (fax)

APPLICATION FOR AT-WILL EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability or any other legally-protected status.

(PLEASE PRINT)

Position Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name		
Address	Number	Street	City, State	ZIP
Telephone Number(s)	Social Security No			

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?

Yes No

If yes, give date

Have you ever been employed with us?

Yes No

If yes, give date

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 are you available to begin work?

Are you available to work Full Time Part Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall?

Yes No

Can you travel if required?

Yes No

Have you been convicted of a crime within the last seven years?

Yes No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____

This application will remain active for 180 days.

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Employment Experience

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. Please exclude organizations that indicate race, religion, gender, disabilities or any other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Starting	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Starting	
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Starting	
Reason for Leaving			

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

List professional, trade, business and civic activities and offices held.

Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status.

Additional Information

Other Qualifications

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

State any additional information you feel may be helpful to us in considering your application.

*** WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER***

References

_____	_____	_____
(Name)	(Relationship)	(Phone)

(Address)		
_____	_____	_____
(Name)	(Relationship)	(Phone)

(Address)		
_____	_____	_____
(Name)	(Relationship)	(Phone)

(Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied For is Open: Yes No

Position Considered For: _____
Date ___/___/___

NOTES _____

Applicant's Statement

I certify that the answers given herein and on any attachments 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 making an employment decision.

This application for employment shall be considered active for a period of 180 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE "AT-WILL," WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND FOR ANY OR NO REASON, AND THE EMPLOYER MAY DISMISS THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. 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 my employment, I understand that falsification, misrepresentation or omission of information given in my application, resume or any attachments or interview(s) may result in denial of employment or immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____
Date

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