## Tipton County Public Library 127 E. Madison Street Tipton, IN 46072 765-675-8761

## Application for Employment (revised 2021)

Personal Informa	ation		
Name		Date	
Address			
Phone	Email		
Position applying fo	or	Salary Desired_	
Date available		Would you prefer F	full time or Part time
Are you 18 years o	f age or older?	Yes	No
Are you legally eligible to work in the United States?		Yes	No
Are you available to work Saturdays?		Yes	No
Are you available to work evenings?		Yes	No
Have you ever been dismissed for any reason?		Yes	No
If yes, please expla			
Have you ever been convicted of any crime or violation of law? Yes No			
ii yes, piease expia	in		<del></del> -
Education			
	Name and Location	Dates Attended	Graduate/Degree
High School			
Trade School			
College			
Graduate School			
Do you currently h	old Indiana Library Certification?	es No If yes, who	at level?
Please list relevant skills or experience			

## Employer Full time Part time Pay rate \$\_\_\_\_\_ per hr/mo/yr From (mo/yr) \_\_\_\_\_ to \_\_\_\_ Company address Position title\_\_\_\_\_ Supervisor's name and title\_\_\_\_\_ Briefly describe duties Reason for leaving Yes May we contact this employer? No Employer From (mo/yr) \_\_\_\_\_ to \_\_\_\_ Full time Part time Pay rate \$ per hr/mo/yr Company address\_\_\_\_\_ Position title\_\_\_\_\_ Supervisor's name and title\_\_\_\_\_ Briefly describe duties Reason for leaving May we contact this employer? Yes No Employer From (mo/yr) \_\_\_\_\_ to \_\_\_\_ Full time Part time Pay rate \$\_\_\_\_ per hr/mo/yr Company address\_\_\_\_\_ Position title \_\_\_\_\_ Supervisor's name and title \_\_\_\_\_ Briefly describe duties Reason for leaving Yes May we contact this employer? No Work-related References (do not list family members or friends) Name\_\_\_\_\_ Title\_\_\_\_\_ Phone\_\_\_\_\_ Name\_\_\_\_\_ Title\_\_\_\_ Phone\_\_\_\_\_ Name Title Phone I hereby certify that the information in the above employment application is accurate and complete to the best of my knowledge and authorize TCPL to verify its accuracy and to obtain information on my work performance. I understand that, if employed, falsified statements or omission of facts shall be cause for my dismissal.

**Employment History** 

Signature

Date