

Spencer County Public Library

210 Walnut St, Rockport, IN 47635

(812) 649 – 4866 Fax (812) 649 – 4018

Application for Employment

Date of Application:

The Spencer County Public Library is an equal opportunity employer. Applicants are considered without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Spencer County Public Library will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE PRINT OR TYPE:

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (Apt #)

(City) (State) (Zip)

TELEPHONE: _____ EMAIL: _____

Are you a citizen of the United States? Yes No

If not, can you show proof of legal authorization to work in the United States? Yes No

EMPLOYMENT DESIRED:

Type of work or position desired _____

Circle one please: full-time part-time seasonal

Are you willing and able to work Saturdays? _____ Evenings? _____ Days? _____

Are you willing and able to work at all locations-Rockport, Grandview, Hatfield, Richland? _____

When would you be able to start? _____ Salary desired? _____

APPLICABLE SKILLS:

What types of office or AV equipment can you use?

What computer software can you use?

Please list any special skills you possess that may apply to this position _____

Languages you can read _____ Speak _____

What periodicals do you read regularly? _____

List some books read in the last six months _____

EDUCATION:

High School _____ Graduation Date _____

College, Business or Trade School _____

Dates Attended _____ Major _____ Degree _____

Graduate or Professional School _____

Dates Attended _____ Major _____ Degree _____

EMPLOYMENT HISTORY:

Please start with your current or most recent job. Use another page if additional space is necessary.

1- Company Name _____

Address _____

Phone _____ Dates of employment _____

Titles/Duties _____

Reason for Leaving _____

2- Company Name _____

Address _____

Phone _____ Dates of employment _____

Titles/Duties _____

Reason for Leaving _____

1- Company Name _____

Address _____

Phone _____ Dates of employment _____

Titles/Duties _____

Reason for Leaving _____

Please indicate any employers we may NOT contact and the reason

List special training, certificates, or licenses you have relative to the job for which you are applying

REFERENCES: (Please do not list relatives)

1- Name _____

Address _____

Phone _____ Occupation _____

2- Name _____

Address _____

Phone _____ Occupation _____

PLEASE READ BEFORE SIGNING:

I certify that the information shown on this application is correct to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. By signing below you are consenting to an Indiana criminal background check that must be completed before consideration for a position at the Spencer County Public Library.

Signature: _____

Printed Name: _____ Date: _____