



P.O. Box 376
 101 E. North St.
 Wolcott, IN 47995
 (219) 279-2695

WOLCOTT COMMUNITY PUBLIC LIBRARY

APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NO.
ADDRESS			CITY	STATE	ZIP
HOME PHONE NO			SECONDARY PHONE NO	EMAIL ADDRESS	

POSITION APPLYING FOR		DATE YOU CAN START	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AVAILABLE TO WORK A COMBINATION OF DAY-TIME, EVENING AND WEEKEND HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT OF PAY EXPECTED	

EDUCATION

HIGH SCHOOL/EQUIVALENT	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
TRADE SCHOOL	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
COLLEGE & SUBJECTS STUDIED	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>
GRADUATE SCHOOL & SUBJECTS STUDIED	LOCATION	YEARS ATTENDED	GRADUATED <input type="checkbox"/>

JOB HISTORY (List below last three employers, starting with the most recent):

EMPLOYER	ADDRESS	EMPLOYER PHONE NUMBER	
POSITION/JOB DUTIES	REASON FOR LEAVING	DATES EMPLOYED	

EMPLOYER	ADDRESS	EMPLOYER PHONE NUMBER	
POSITION/JOB DUTIES	REASON FOR LEAVING	DATES EMPLOYED	

EMPLOYER	ADDRESS	EMPLOYER PHONE NUMBER	
POSITION/JOB DUTIES	REASON FOR LEAVING	DATED EMPLOYED	

REFERENCES:

(Give the names of three persons not related to you, who have known you at least one year)

NAME	ADDRESS	PHONE	BUSINESS OR OCCUPATION	YEARS KNOWN

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

Have you ever been arrested or convicted or a crime that has not been expunged by a court? YES NO

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

As a condition of employment, I give permission for WCPL to conduct background check(s) on me. I understand that if hired, my position is conditional upon WCPL receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability WCPL, its employees, Board of Trustees, or any other person or organization that may provide such information.

By signing, I hereby certify that the above information is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

SIGNATURE

DATE