

Hartford City Public Library

Job Application

314 N High St
Hartford City IN 47348
765-348-1720 / info@hartfordcity.lib.in.us

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accomodation to the application and/or interview process should notify the Library Director.

Personal Information

Last	First	MI	Email		
Street Address		City	ST	Zip	Home Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone	
If you are offered a job, do you give authorized personnel permission to run a background check on you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal / Temporary <input type="checkbox"/> Evenings			
What position are you applying for?		Have you worked at the library before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Do you have relatives working at the library? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?	
Are you able to perform the essential functions of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date You Can Start:			

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

	Name/Location	Last Year Complete				Degree Awarded?	Major or Emphasis
High School		9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/College/University		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other							
List any applicable special skills, training or proficiencies.							

Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature	Date (Month, Day, Year)
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