

LA PORTE COUNTY PUBLIC LIBRARY

904 Indiana Avenue, La Porte, IN 45350

219-362-6156

www.lapcat.org

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. All requests to complete an application or submit resume information will be accepted. For further information contact the Human Resources Department.

La Porte County Public Library is an Equal Opportunity Employer

(PLEASE TYPE OR PRINT IN INK)

Position(s) Applied for	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Friend	<input type="checkbox"/> Website
<input type="checkbox"/> Website	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone/Cell Phone Number (s)		S.S. Number	

Best time to contact you at home is: _____ AM
 _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No
 If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

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.

Date available for work What is your desired salary range?

Are you available to work: Full-Time Part-Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course/Major Studied	Number of Years Completed	Diploma/Degree Credits Completed
High School				
Undergraduate College/Unversity				
Graduate Professional				
Other (Specify)				

Describe any specialized training and/or skills, as well as any professional trade certifications. You may exclude information which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status

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

WORK HISTORY

Experience - Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	Description of Duties and Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	Description of Duties and Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	Description of Duties and Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		Work Performed
		From	To	Description of Duties and Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

REFERENCES

1.	()
(Name)	(Phone Number)
(Address)	
2.	()
(Name)	(Phone Number)
(Address)	
3.	()
(Name)	(Phone Number)
(Address)	

EQUIPMENT/SOFTWARE EXPERIENCE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Computer Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Multiline Phone	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Fax Machine	
<input type="checkbox"/> Internet	<input type="checkbox"/> Copier Machine	<input type="checkbox"/> Printers	

Note to Applicants: Have you read the job description for the position applied?
 Yes No

If yes, are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential job functions for the position applied?
 Yes No

APPLICANT STATEMENT

My signature below indicates that I have read and understood the questions and requests for information in this form, and have to the best of my ability answered fully, accurately, and completely.

My signature authorizes Library personnel to investigate as necessary all statements I have supplied in order to consider my application for employment.

My signature acknowledges that the Library is an at-will employer in the State of Indiana, which means that any employment relationship with the Library is "at will" and that I may resign at any time and the Library may terminate my employment at any time with or without cause. I also understand that no representative of the Library other than the duly appointed Director or specifically designated representative of the Library Board of Trustees has any authority to enter into any employment agreement for any period of time.

My signature also indicates that I understand that, if I am employed by the Library, any false or misleading statements I made as a part of this application or the interview process may result in my discharge. I agree to comply with all Library policies, procedures, rules, and regulations.

Signature of Applicant

Date

Because of the volume of employment applications the library system receives, we are not able to grant an interview to every applicant.

We select applicants for interviews based upon their overall qualifications and experience relevant to the position(s).

If an interview is appropriate we will contact you to arrange a time for the interview.

Applications will be kept on file for a period of six (6) months from the original date of application.

FOR EMPLOYER USE ONLY

Arrange Interview? Yes No

Interviewer(s) _____

Date of Interview _____

Employed? Yes No

If yes,

Date of Employment _____

Job Title _____

Department _____

Hourly Rate/Salary _____

Human Resources Manager

Date