

Monticello-Union Township Public Library

321 West Broadway Street
Monticello, IN 47960
(574) 583-2665

Application for Employment

Personal Information

Date _____

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR RESIDENT AUTHORIZED TO WORK IN THE UNITED STATES?

YES NO

What position are you applying for? _____

Are you interested in _____ full time / _____ part time position?

What days/times of the week can you work? _____

Do you have reliable transportation? _____

What languages do you speak/are fluent in? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL/ EQUIVALENT				
COLLEGE				
OTHER				

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

General

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY/
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

JOB HISTORY (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT).

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

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? _____

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

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

Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes No

DATE

SIGNATURE