



APPLICATION FOR EMPLOYMENT

Hancock County Public Library
900 W. McKenzie
Greenfield, IN 46140

Phone: 317-462-5141
View current job postings on-line
at: http://www.hcplibrary.org

Please read all instructions carefully and complete all sections of the application completely and accurately. Applications lacking sufficient information will be rejected. The Hancock County Public Library will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

Please Note: The Hancock County Public Library will accept applications only for posted vacancies. Descriptions of these positions are located at the main Library's Circulation Desk, at the Sugar Creek branch location, and on the Library's website at http://www.hcplibrary.org.

Position applied for: _____ Date of application: _____
(Please use specific HCPL position title.)

Date you can start: _____ Application Type: (check one) [] New [] Current HCPL Employee

Name: _____
Last First Middle

Present address: _____
Street City State Zip

Permanent Address (if different): _____
Street City State Zip

E-mail Address: _____

Telephone: _____
Area Code (Home Number) Area Code (Work Number) Area Code (Message Number)

Are you legally authorized to work in the U.S.? [] Yes [] No (check one) Under 18? [] Yes [] No (check one)
(Due to the regulations of the work permit, we do require student applicants to be 16 or older.)

Salary Desired: _____

Have you ever been employed under a different name? [] Yes [] No (check one)

If so, what name? _____

Have you ever applied to the Hancock County Public Library before? [] Yes [] No (check one)

If so, when? _____ Under what name? _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.) **Yes** **No** (check one)

If yes, please state the nature of the conviction or plea, the date and place where offense occurred, and explain.

Do you have any friends or relatives employed by the Hancock County Public Library? **Yes** **No**

If "Yes," give name and department:

Name and relationship: _____ Department: _____

Education

	Name & Location Of School	No. of Years Attended	Degree, Certificate or Diploma	Subject/Major
High School				
College or University				
College or University				
Business or Vocational				
Specialized Training				

Professional References Please list three individuals not related to you, whom you have known for at least one year.

Name	Address & Telephone	Relationship	Years Acquainted

Employment History

Beginning with your current or most recent job, list *all* previous employers and provide description of duties. If applicable, include military and unpaid volunteer experience, and provide explanation for dates of unemployment. Attach additional sheets if necessary. **You may also attach a resume, but this section must be completed in its entirety. Referring to attached resume is not sufficient.**

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ _____ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Please provide any additional information such as special job-related skills, training, management experience or qualifications you feel will be helpful to us in considering your application.

Please provide information such as specific skills or training on office machinery or other equipment, software, computer programs, databases, etc. that will be helpful in performing the responsibilities of the position for which you are applying.

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? **Yes** **No (check one)** If yes, please state the employer and the reason for the discharge or resignation.

Name of person to notify in case of emergency _____

Address _____

Emergency Phone No. _____

Availability Form

Please list below the hours that you would be available to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Second Availability:

If you expect your availability will change for any reason during the year, then please list the hours for that availability and the date of that change. (For example: Students would have availability for the summer and availability for the school year.)

Date for Second Availability: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Number of hours you prefer to work each week? _____

Are you willing to work the weekends? _____ Number Preferred? _____

Are you willing to work evening shifts? _____ Number Preferred? _____

Do you have any upcoming commitments that you would need time off for? (For example: planned vacations, activities, commitments, etc?)

Signature:	Date:
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APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

Initials

_____ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If HCPL decides to obtain a consumer credit report, I understand that HCPL will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

_____ I hereby release all parties, including but not limited to Hancock County Public Library personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action HCPL takes on the basis of such information.

_____ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory, and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by HCPL. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that HCPL has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of HCPL, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

_____ I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the Library, nor am I in possession of nor will I at any time reveal to the Library, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

Signature of Applicant

Date: _____