

Mishawaka-Penn-Harris Public Library

EMPLOYMENT APPLICATION

Applications are considered without regard to age, race, religion, disability, sex, sexual orientation, marital or veteran status. Equal Opportunity Employer.

PERSONAL INFORMATION:

Date:

Name:		Phone:	
Street Address:		Cell:	
City/State/Zip:		Email:	
Start Date		Age:	<input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18+
Position:		Location:	<input type="checkbox"/> Mishawaka <input type="checkbox"/> Bittersweet <input type="checkbox"/> Harris

- | | | | | | |
|--------------------------------------|-------------------------------------|----------------------------------------|-----------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Children's | <input type="checkbox"/> Reference | <input type="checkbox"/> Administration | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Media | <input type="checkbox"/> Tech Services | <input type="checkbox"/> Custodian | <input type="checkbox"/> Temporary | |

EMPLOYMENT ELIGIBILITY: To be employed by Mishawaka-Penn-Harris Public Library you must meet certain state and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions. Please answer the following questions.

1. Are you a United States citizen? YES NO
2. Are you an alien authorized to work in the United States? YES NO N/A
3. Have you ever been convicted of or charged with a felony or misdemeanor: Yes No

If yes, please explain details in full, including dates, offense(s) charged, jurisdiction and disposition of case:

EDUCATION:

Years Year Grad Degree

MLS School:				
Graduate School:				
College:				
High School:				
Other:				

LICENSING/CERTIFICATION:

License	Date Issued	Date Expires	Issuer/Location	License No.

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position

Employer:		Dates (Month/Year):	From	To
Job Title:		Supervisor:		
Street Address:		Phone:		
City/State/Zip:				Pay Rate:
Describe Duties/Responsibilities/Accomplishments:				
Reason for Leaving:		May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer:		Dates (Month/Year):	From	To
Job Title:		Supervisor:		
Street Address:		Phone:		
City/State/Zip:				Pay Rate:
Describe Duties/Responsibilities/Accomplishments:				
Reason for Leaving:		May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employer:		Dates (Month/Year):	From	To
Job Title:		Supervisor:		
Street Address:		Phone:		
City/State/Zip:				Pay Rate:
Describe Duties/Responsibilities/Accomplishments:				
Reason for Leaving:		May we contact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MILITARY SERVICE: (A copy of a report of separation from the Armed Services may be required)

1. Are you a veteran? YES NO If yes, list type of discharge: _____
2. Dates of service (From/To) _____
3. Are you a surviving spouse of a veteran who has not remarried? YES NO Are you a surviving orphan of a veteran? YES NO If yes, dates of service for veteran: _____

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

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LIBRARY/PROFESSIONAL REFERENCES: Please provide three professional/library references.

Name:		Library:	
Street Address:		Position:	
City/State/Zip:		Phone:	

Name:		Library:	
Street Address:		Position:	
City/State/Zip:		Phone:	

Name:		Library:	
Street Address:		Position:	
City/State/Zip:		Phone:	

PERSONAL REFERENCES: Please provide information for three personal references.

Name:		Relationship:	
Street Address:		How Long:	
City/State/Zip:		Phone:	

Name:		Relationship:	
Street Address:		How Long:	
City/State/Zip:		Phone:	

Name:		Relationship:	
Street Address:		How Long:	
City/State/Zip:		Phone:	

I **AUTHORIZE** any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I **CERTIFY** that the above answers are true and complete to the best of my knowledge. I authorize Mishawaka-Penn-Harris Public Library to investigate any statement contained in this application. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all rules, regulations and policies of Mishawaka-Penn-Harris Public Library. I understand that Mishawaka-Penn-Harris Public Library is an at-will employer.

To sign electronically, please type your name into the Signed field and today's date into the Date field . By doing so, you agree that you are signing this application and agreeing to the above statement.

Signed: _____ Date: _____

FOR MPHPL USE ONLY:

Arrange Interview: Yes No Date: _____ Place: _____

Remarks: _____

Approved: Yes No Date: _____ By: _____