NEW ALBANY- FLOYD COUNTY PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

PRINT IN BLUE OR BLACK INK OR TYPE

New Albany-Floyd County Public Library is an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, creed, religion, national origin, age, marital or veteran status, disability, or any other legally protected status. It is New Albany-Floyd County Public Library's policy to abide by all Federal, State, and local laws concerning discrimination in employment.

All sections must be comple					
POSITION APPLIED FOR:_				-	
Name:					
Last		First	Middle		
Address:Street					
City	State	Zip			
Phone# 's (home)	(work	x)	(cell)		
Email address:	Are you 18	years of age or o	older?		
How did you hear about this J	oosition? newspa	per internet	t walk-in	_ NAFCPL en	nployee
Type of work desired: F	all time Part tin	ne			
If hired can you provide writt	en evidence that you	are authorized to	work in the U.S.?		
EDUCATION: List below	all high schools, colle	eges, etc. attended	d.		
Name/Location of School	Major Field	r/ of Study	Diploma/Gl	E D	

EMPLOYMENT HISTORY

List work experience and **attach additional pages as necessary**. A resume cannot be substituted but can be included with the application. Start with the current or most recent employer.

Employer						
Job Title						
Address						
Street	City	State	e Zip)		
From (mo/yr)	To (mo/yr)	Hou	rs worked per	week	Salary	
Supervisor			_ Phone ()		
May we contact this emp	loyer?	Yes		No		
Duties:						
Reason for leaving:						
Employer						
Job Title						
Address						
Street		City	State	Zip		
From (mo/yr) Salary	To (mo/yr) per		worked per w	eek		
Supervisor			_ Phone ()		
May we contact this emp	loyer?	Yes	No No			_
Duties:						
Reason for leaving:						

Employer					
Job Title					
Address					
Street	City	State	Zip		
From (mo/yr)	To (mo/yr)_	Hours	worked per week	salary	per
Supervisor					
May we contact this emp	oloyer?	Yes	No		
Duties:					
Reason for leaving:					
SPECIALIZED KNOV	VLEDGE AND SI	KILLS			
Integrated Library System	ms: Yes N	No N	[ame(s)		
Other:					
PROFESSIONAL REF	FERENCES (other	r than immedi	ate or extended fam	nily)	
NAME	ADDRESS		PHONE	Years Kn	nown
Before date of hire, the I pre-employment drug sc					

Authorization and Release

I certify that answers given on this application are true and complete to the best of my knowledge. I understand that all sections of this application must be completed in full to be considered for employment. I authorize the investigation of all statements and the contacting of references and/or all former employers as may be necessary in making the hiring decision.

All job offers are contingent upon the review of references, background checks, pre-employment drug screen (if applicable) and DMV (if applicable). I hereby understand and acknowledge that any employment relationship with NAFCPL is of an "at will" nature, which means the employee may resign at any time and the employer may terminate the employee at any time with or without cause.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Name (Please Print Clearly)	
Signature of Applicant	
ignature of Applicant	
Date	

Please return completed application to: New Albany-Floyd County Public Library Human Resources Office 180 W. Spring Street New Albany, IN 47150

Revised 7/2009