

**APPLICATION
FOR EMPLOYMENT**



Willard Library
21 First Avenue
Evansville, Indiana 47710
<http://www.willard.lib.in.us>

PERSONAL INFORMATION

DATE _____

NAME LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ E-MAIL _____

ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? Yes No IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes No

EVER APPLIED TO WILLARD LIBRARY BEFORE? Yes No WHEN? _____

REFERRED BY _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER COURSEWORK / CERTIFICATION				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

Please exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Yes No

FORMER EMPLOYERS

(LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST.)

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

REFERENCES

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SIGNATURE OF APPLICANT _____

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO WILLARD LIBRARY'S RULES, REGULATIONS, AND PERSONNEL POLICIES, AND I FURTHER AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY WILLARD LIBRARY. I UNDERSTAND THAT NO WILLARD LIBRARY REPRESENTATIVE, OTHER THAN ITS DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE _____ SIGNATURE _____

Willard Library is an Equal Opportunity Employer.