



APPLICATION FOR EMPLOYMENT
Wells County Public Library
200 West Washington Street Bluffton, IN 46714-1999
260-824-1612
www.wellscolibrary.org

Date: _____ Position Applied For: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip code)

Telephone Number: _____

Email: _____

Date You Can Start Work: _____ Desired Salary: \$ _____

Do you prefer: Full-Time _____ / Part-time _____ Can you work: Weekends _____ & Evenings _____

Are there any hours or days of the week you cannot work? If so, when? _____

Are you willing to work extra hours when necessary? Yes _____ No _____ Have you ever applied before? Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____ If you are under 18 years of age, state your age _____

Are you currently employed? Yes _____ No _____ May we contact your current employer? Yes _____ No _____

Are you currently on layoff & subject to recall? Yes _____ No _____

Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain) Yes _____ No _____

EDUCATION

	Name & Address	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other				

List any experience you have had with libraries. _____

Explain why you are interested in working at the Wells County Public Library. _____

List any other specialized training, skills, or activities that are relevant to this job. _____

OVER

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

WCPL provides the communities it serves with access, knowledge, and growth supporting research, popular interests, and lifelong learning.

EMPLOYMENT EXPERIENCE Start with your present or most recent job.

Employer	Dates Employed	Supervisor	Telephone	Job Title/Duties
Address	Reason for Leaving			
Employer	Dates Employed	Supervisor	Telephone	Job Title/Duties
Address	Reason for Leaving			
Employer	Dates Employed	Supervisor	Telephone	Job Title/Duties
Address	Reason for Leaving			
Employer	Dates Employed	Supervisor	Telephone	Job Title/Duties
Address	Reason for Leaving			

REFERENCES

Name	Phone Number	Relationship	Years Acquainted

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application, resume and any attachments for any employment-related purpose. I authorize the listed references and all my previous employers to provide any and all applicable information they may have. I hereby release these references and previous employers from all liability for any information they may give to you. I also release the library from all liability that might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or any other required documents) will result in denial of employment or immediate termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future library policies, rules, and regulations and I understand that the library reserves the right to change wages, hours, and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

The Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state and federal law. The Library expects and requires its employees to comply with these laws.

I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that all the information provided by me in this application and during the hiring process, including but not limited to any resumes, test answers or attachments, is truthful and accurate. I understand all parts of it and have answered all questions completely and fully.

Signature

Date

This application will remain active for 180 days. Incomplete applications will not be considered.

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