

# EMPLOYMENT APPLICATION

The Floyd County Library is an equal opportunity employer. FCL does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

# PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields in blue or black ink if not typed.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns \_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) \_\_\_Yes  \_\_\_No

Can you work any shift, including weekends? \_\_\_Yes  \_\_\_No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes  \_\_\_No

# EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly rate/Salary desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of work desired \_\_\_\_Full time \_\_\_\_Part time

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION | Name and location of school | Degree Received | Subjects studied/Major |
| High School |  |  |  |
| College or University |  |  |  |
| Trade, Business or Correspondence School |  |  |  |

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| May we contact this employer? \_\_\_\_Yes \_\_\_\_No | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| May we contact this employer? \_\_\_\_Yes \_\_\_\_No | | | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| From | To | Employer Name | Telephone |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
|  | |  | |
| Reason for leaving | | | |
| May we contact this employer? \_\_\_\_Yes \_\_\_\_No | | | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address, Phone, Email | Company | Years Acquainted |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Please read carefully before signing**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Floyd County Library to hire me. If I am hired, I understand that either The Floyd County Library or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The Floyd County Library has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Floyd County LIbrary true and complete information on this application. No requested information has been concealed. I authorize The Floyd County Library to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date  \_\_\_\_\_\_\_\_\_\_\_\_\_   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed application to:

The Floyd County Library

Human Resources Office

180 W. Spring St.

New Albany, IN 47150

EOE