

**APPLICATION FOR EMPLOYMENT**  
**Harrison Township Public Library**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**INSTRUCTIONS:** Please print the requested information in the spaces provided below.

Date of Application: \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

**PERSONAL INFORMATION**

|  |             |                            |  |
|--|-------------|----------------------------|--|
| Last Name  | First       | Middle                     | Driver's License Number  |
| Other Last Name  | Other first | Other Middle               | Daytime Telephone<br>( ) -   |
| Street Address   |             |                            | Other Telephone<br>( ) -   |
| City, State, Zip   |             |                            | Email  |
| Are you legally eligible for employment in the U.S.??*   |             | Are you 18 years or older? |  |
| If related to anyone in our employ or current trustee, state name and relationship to you.<br>_____  |             |                            |  |
| Have you ever been convicted of a crime? A criminal conviction record will not necessarily prohibit you from being employed. If YES, please list date, place and nature of offense.<br>_____ |             |                            | <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO |
| Are there any felony charges presently pending against you? _____<br>_____   |             |                            | <input type="checkbox"/> YES (explain) <input type="checkbox"/> NO |

\* The Harrison Township Public Library conforms to the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

|  |                              |
|--|------------------------------|
| POSITION(S) APPLIED FOR:<br>_____  | PAY/SALARY DESIRED:<br>_____ |
| Will you accept part-time work? _____  |                              |
| Have you ever worked for another organization similar to the Harrison Township Public Library? <input type="checkbox"/> YES <input type="checkbox"/> NO              |                              |
| If YES, Position: _____  |                              |
| Reason for Leaving: _____<br>_____   |                              |
| Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?<br>_____<br>_____ |                              |

## EDUCATION

| EDUCATION                               | Name and Location of School | No. of Years Completed | Subjects Studied | Degrees Earned | G.P.A. |
|---|-----------------------------|------------------------|------------------|----------------|--------|
| High School                             |                             |                        |                  |                |        |
| College/<br>University                  |                             |                        |                  |                |        |
| Vocational/<br>Trade/Graduate<br>School |                             |                        |                  |                |        |

## PHYSICAL RECORD

|  |      |         |           |
|--|------|---------|-----------|
| In case of emergency, notify:  |      |         |           |
|  | Name | Address | Telephone |
| Number   |      |         |           |
| <p>Medical Examination. In accordance with applicable legal requirements, the Harrison Township Public Library may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination</p>   |      |         |           |
| <p>I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person, or the use of other testing methods. I agree that the results of this test may be submitted to the Harrison Township Public Library or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the Library. I understand that if the results of any pre-employment drug test are positive, it will result in the rejection of my application or, if I am hired, that my employment with the Library may be immediately terminated.</p> |      |         |           |
| Applicant's Signature _____  |      |         |           |

## EMPLOYMENT INFORMATION

|   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| Have you ever been discharged or requested to resign any job? |  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, please explain circumstances _____                    |  |                              |                             |
| _____   |  |                              |                             |
| _____   |  |                              |                             |
| Are you presently employed?                                   |  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

## REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

| NAME | ADDRESS | TELEPHONE | BUSINESS | YEARS KNOWN |
|------|---------|-----------|----------|-------------|
|      |         |           |          |             |
|      |         |           |          |             |
|      |         |           |          |             |

## FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record for the past ten years. Start with present or most recent employer. Use additional sheet(s) if necessary.

Please Print All Information

|   |   |  |
|---|---|--|
| 1 | Library/Company Name                                  | Telephone<br>(    )    -   |
|   | Address <span style="float: right;">City/State</span> | Employed (List Month and Year)<br>From <span style="float: right;">To</span> |
|   | Supervisor's Name                                     | Reason for Leaving   |
|   | List Your Job Title and Responsibilities              |  |

|   |   |  |
|---|---|--|
| 2 | Library/Company Name                                  | Telephone<br>(    )    -   |
|   | Address <span style="float: right;">City/State</span> | Employed (List Month and Year)<br>From <span style="float: right;">To</span> |
|   | Supervisor's Name                                     | Reason for Leaving   |
|   | List Your Job Title and Responsibilities              |  |

|   |   |  |
|---|---|--|
| 3 | Library/Company Name                                  | Telephone<br>(    )    -   |
|   | Address <span style="float: right;">City/State</span> | Employed (List Month and Year)<br>From <span style="float: right;">To</span> |
|   | Supervisor's Name                                     | Reason for Leaving   |
|   | List Your Job Title and Responsibilities              |  |

Please indicate if you would prefer that we not contact any of the listed employers, and briefly explain your reason:

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\* \* \* \* \*

Do you have any commitment to another employer that might affect your employment with us?

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**SIGNATURE**  
**(Read Carefully Before Signing)**

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Library has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the Library to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me.
- I authorize the Library to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Library from any liability in connection with such use or disclosure.
- If I am hired by the Library, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are from time-to-time changed, with or without notice.
- If I am hired by the Library, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Library can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This at-will employment relationship exists regardless of any other written statements or policies or any other Library document or any verbal statements to the contrary. No one except the Library's director can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by the Library's director and myself.
- If I believe that the library has violated the law and I desire to bring an employment-related lawsuit or claim, I agree to do so no later than one hundred eighty-two (182) calendar days from the date of the event giving rise to the suit or claim; or the period provided by the applicable statute of limitations, whichever is less. The limitations period begins to run on the date that I knew or should have known of the event giving rise to the complaint, action, or suit. I hereby waive any statute of limitation to the contrary.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit your completed application, cover letter, and resume by email to:

**director@htlibrary.org**