



LAKE COUNTY PUBLIC LIBRARY

Application for Employment

View Job Opportunities at www.lcpl.in.org

The Lake County Public Library is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, age, sex, national origin, religion, disability or any other unlawful basis.

Incomplete or illegible applications will be discarded. PLEASE PRINT.

APPLICANT'S NAME (Last)		(First)	(M.I.)	Social Security Number
MAILING ADDRESS (Number)		(Street)		Home Telephone Number
CITY, STATE ZIP CODE		E-MAIL ADDRESS (if available)		Cell Telephone Number
POSITION DESIRED				
Available to start on				
Pay Expected				
Are you applying for full time or part time employment		FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>
LIBRARY CARD NUMBER:				
IF PREVIOUSLY EMPLOYEED BY THE LIBRARY				
Where _____		When _____		
A typical work schedule at the library includes a combination of day-time, evening and weekend hours. Are you available to work this type of schedule?				<input type="checkbox"/> Yes <input type="checkbox"/> No
During the school year, the Central Library in Merrillville is open Sunday afternoons. Can you work on Sunday afternoons?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to attend training classes on Tuesday's?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying to work for the SUMMER ONLY?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives or friends working for the Lake County Public Library? If yes, list relationship, name and department. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? If hired, proof is required.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older? If No, what is your date of birth? _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a valid driver's license? (If Yes, fill in the information below.) License NO. _____ Issuing State _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>In the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? If yes, please explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>During the last 10 years, have you been convicted, been imprisoned, been on probation or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If yes, please explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Future Commitments / Obligations

Please list any scheduled events/special occasions for which you will be requesting time off in the next 6 months (such as vacation, family reunions, surgery, etc.)

EDUCATION

<p>Check the highest grade completed</p>	<p><input type="checkbox"/> Did not complete high school/GED <input type="checkbox"/> Completed GED <input type="checkbox"/> Currently in high school <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Some college, no degree</p>	<p><input type="checkbox"/> One-year vocational diploma <input type="checkbox"/> Two-year associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some graduate degree courses <input type="checkbox"/> Graduate college degree</p>
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Name and Location	COURSE OF STUDY	Enrolled in classes now or in the near future?	Number of Years completed?	If you graduated, specify the degree or diploma received
High School				
College or University				
Graduate School (advanced degree)				
Other				

Class Schedule (Classes, days of the week, times) & Extracurricular Activities (What and When):

SKILLS

Please check all the computer software programs in which you have experience:
 Internet Explorer Microsoft Outlook Word Excel Power Point Access

Other (please specify) _____

Please indicate any additional experience that you have had with computers, software packages and computer training classes you have taken.

Do you type/keyboard: Yes No
If yes, how many words per minute? _____

Other special training, skills, certifications or qualifications:
(foreign language, machine operation, etc.?)

Other Activities

Membership in Professional or Civic Organizations – (exclude those which may disclose your race, color, religion or national origin)

Volunteer Service – (list organization and type of service volunteered)

WORK EXPERIENCE

Beginning with your current or most recent job, list all previous employers and provide description of duties. If required may attach an additional sheet of paper.

1) NAME OF EMPLOYER

EMPLOYER'S ADDRESS and PHONE NUMBER

KIND OF BUSINESS

SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

EMPLOYMENT DATES

FROM (Month – Year) _____

TO (Month – Year) _____

Ending Pay \$ _____ per _____
(hour, week, month etc.)

HOURS WORKED PER WEEK (Average)

DUTIES

Reason for leaving this position

If you do not want this employer contacted, specify the reason:

2) NAME OF EMPLOYER

EMPLOYER'S ADDRESS and PHONE NUMBER

KIND OF BUSINESS

SUPERVISOR'S NAME and PHONE NUMBER

YOUR JOB TITLE

EMPLOYMENT DATES

FROM (Month – Year) _____

TO (Month – Year) _____

Ending Pay \$ _____ per _____
(hour, week, month etc.)

HOURS WORKED PER WEEK (Average)

DUTIES

Reason for leaving this position

If you do not want this employer contacted, specify the reason:

3) NAME OF EMPLOYER	EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		
EMPLOYMENT DATES FROM (Month – Year) _____ TO (Month – Year) _____	Ending Pay \$ _____ per _____ (hour, week, month etc.)	HOURS WORKED PER WEEK (Average)
DUTIES		
Reason for leaving this position		
If you do not want this employer contacted, specify the reason:		

Certification Statement

I certify that the information in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application will be considered cause for dismissal.

- I understand that if hired I must prove that I am legally authorized to work in the United States.
- I authorize the Lake County Public Library to check employment references and verify education information provided in this employment application and as disclosed in the interview process.
- I authorize the Lake County Public Library to check my driving record if the position for which I am applying requires driving.
- I understand that all information on this application is subject to verification and I consent to criminal history background checks.
- I release the Lake County Public Library and all providers of information from any liability as a result of furnishing and receiving any information related to the library's hiring process.
- An offer of employment will not be made to applicants with unresolved fines or fees on their record with the Lake County Public Library.
- I understand and agree that, if hired, my employment is "AT-WILL." This means that if I am hired, either the company or I can end the employment relationship at any time and for any reason.

Date _____ Signature: _____

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