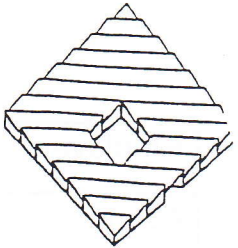


**Michigan City Public Library 100 East Fourth Street
Michigan City, IN 46360**



APPLICATION FOR EMPLOYMENT

Date _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP

Phone _____ Social Security No. _____

Position(s) applied for 1. _____ Rate of pay expected _____
2. _____ Rate of pay expected _____

Are you available to work _____ Full-Time _____ Part-Time

Specify days and hours if part-time _____

Have you ever been employed here before? _____ If so, when? _____

List any friends or relatives working for for us _____

On what date will you be available to start work? _____

Can you operate a typewriter? _____ Words per minute? _____

Can you operate a computer? _____ Specific programs? _____

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with this library? If so, please list them:

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination based on ancestry, marital status or physical or mental handicap or disability.

EMPLOYMENT EXPERIENCE

List present and past employment beginning with the most recent.

Employer	Dates		Work Performed
	from	to	
Address			
Job Title	Hourly Salary		
	starting	final	
Supervisor			
Reason for Leaving			

Employer	Dates		Work Performed
	from	to	
Address			
Job Title	Hourly Salary		
	starting	final	
Supervisor	Phone Number		
Reason for Leaving			

Employer	Dates		Work Performed
	from	to	
Address			
Job Title	Hourly Salary		
	starting	final	
Supervisor	Phone Number		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from past employment or other experience

May we contact the employers listed above? _____

If not, list which one(s) you do not wish us to contact _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Degree
Elementary		<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">X</div>	5	6	7	8	<input type="checkbox"/> yes <input type="checkbox"/> no	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">X</div>
High			1	2	3	4	<input type="checkbox"/> yes <input type="checkbox"/> no	
College			1	2	3	4	<input type="checkbox"/> yes <input type="checkbox"/> no	
Other (specify)			1	2	3	4	<input type="checkbox"/> yes <input type="checkbox"/> no	

PERSONAL REFERENCES

(Do not list former employers or relatives.)

Name and Occupation	Address	Phone

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

Signature of Applicant _____

APPLICANT: DO NOT WRITE ON THIS PAGE

Office Use Only

INTERVIEW _____ Yes _____ No _____ Date _____ Time _____

Remarks _____

Employed _____ Yes _____ No _____ Date of Employment _____

Position _____ Department _____

Hourly Rate/Salary _____

By _____ Date _____

Name/Title

TO BE FILLED OUT AFTER EMPLOYMENT

Birthdate _____ Sex _____ Marital Status _____
Month Day Year

Number of dependents excuding yourself _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Phone _____

Address _____ Relationship _____