



919 Main Street, Brookville, IN 47012  
765.647.4031

**Employment Application**

The Franklin County Public Library District (FCPLD) does not discriminate in employment on the basis of race, color, religion, national origin, age, sexual orientation, gender identity, or disability. No question on this application is intended to secure information that would be used to discriminate.

Name:	Date:	
Current Address:		
City:	State:	Zip:
Telephone # (s):		
E-mail Address:		
Position desired:	Date available for work:	
Willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Saturdays <input type="checkbox"/> Days <input type="checkbox"/> Evenings		
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to a current FCPLD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who?	Relationship:	

Have you ever pleaded guilty to, or been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state the nature of the crime (Applicants are not automatically excluded because of previous criminal history; consideration will be given to the relevance of the crime to the job description for which the applicant is applying):
Are you able, with or without Accommodation, to perform the functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
If an Accommodation is necessary, please describe how you would perform the duties of the position:

EDUCATION		
Type of School	Name/City & State	Course of Study/Degree
High School		
University/College		
University/College		
Trade School/Other		

**EMPLOYMENT HISTORY**

Present and previous employment including military service  
(list in order of most recent or current employment first)

May we contact your current employer?     Yes     No

Company	Address	City, State, Zip	Phone
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Title of position held:	Supervisor:
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Duties Performed:

From:	To:	Salary:
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Reason for Leaving:

Company	Address	City, State, Zip	Phone
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Title of position held:	Supervisor:
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Duties Performed:

From:	To:	Salary:
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Reason for Leaving:

Company	Address	City, State, Zip	Phone
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Title of position held:	Supervisor:
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Duties Performed:

From:	To:	Salary:
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Reason for Leaving:

**PROFESSIONAL REFERENCES**

NAME	ADDRESS	TELEPHONE/EMAIL

**Statement by the Applicant**

I fully understand that any offer of employment shall be subject to pre-employment reference and background checks. I understand and agree that if hired by FCPLD, my employment with this facility is for no specific period of time and may be terminated by either party "at will." All of the information on this application is a full and complete statement of facts and I realize that any false or incomplete information may be grounds for dismissal. I authorize inquiries as to my character, personal reputation, and ability, and I understand you may make use of the Internet, including social networking sites prior to employment and at any time during my employment period. I release those supplying any information and prospective employer from all liability. Upon my termination from this facility whether by dismissal or resignation, I authorize the release of reference information regarding my employment at this facility.

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Signature of Applicant

\_\_\_\_\_  
Date