LINCOLN TOWNSHIP PUBLIC LIBRARY
EMPLOYMENT APPLICATION

Date:_____

Position applied for: _____

Name (First, Middle Initial, Last): _____

Home Address: _____

Phone No.: _____

Check here if you are 18 years old or older? _____

Education: Circle highest grade completed: 9 10 11 12
post high school: 1 2 3 4 5 6

List high schools, colleges, night schools attended:	Location (City & State)	Diploma or Degrees

Are you presently attending school? _____

If yes, where? _____

Please list other training, qualifications or job skills: _____

_____

_____

_____

Previous Work Experience:

Dates	Employer	Location (Address, City & State)	Position

References:

Name Address Phone No.

_____

_____

_____

Number of hours desired: _____

Willing and able to work evenings and/or Saturdays? _____

Willing and able to shelve books? _____

Date you are available for employment: _____

Have you ever been convicted of violating any law (all convictions are to be included except minor traffic offenses)?_____

If yes, please provide the following information:
Date _____ City, State _____

Offense _____ Disposition _____

Comments: _____

_____

_____

_____

The Lincoln Township Public Library is an equal opportunity employer.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

1. I have read and understand the statements contained in this application and I certify that they are true.

2. I understand making any false or incomplete statements in this application or in my resume could be grounds for dismissal.

3. Previous employers who are contacted by Lincoln Township Public Library in connection with my application for employment have my authorization to respond to all inquiries concerning my previous work. Educational institutions also have my authorization to releases information to Lincoln Township Public Library relating to my education, degrees and other achievements I have claimed on this application and/or

in any resume I have supplied. I further authorize and acknowledge that Lincoln Township Public Library may perform a criminal background check to confirm the information on this application. I release Lincoln Township Public Library, previous employers, and educational institutions of any claimed liability arising out of such a response and disclosure in consideration of acceptance of my application.

4. I understand that Lincoln Township Public Library is a drug free workplace, and that any offer of employment may be conditional upon the results of a drug screen by a physician selected by Lincoln Township Public Library.

5. If I become employed by Lincoln Township Public Library I agree to comply with its applicable policies, rules and regulations. I understand and agree that my employment and compensation can be terminated, with or without notice, at any time, by either the Lincoln Township Public Library or myself.

NOTE: A photocopy of this statement shall be as valid as the original.

(This application will be considered active for six months from the date filed. If you are hired, it becomes part of your official employment record.)

READ CAREFULLY BEFORE SIGNING:
Length of Time during which an employee, applicant for employment or a terminated employee may bring a lawsuit against the library.
Any claim or lawsuit resulting to my service with the Lincoln Township Public Library must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature	Date	Phone Number
_____	_____	_____