

Date: _____

MONROE COUNTY PUBLIC LIBRARY

EMPLOYMENT APPLICATION

Main Library

303 E. Kirkwood Ave.
Bloomington, IN 47408-3534
(812) 349-3050

Ellettsville Branch

600 W. Temperance St.
Ellettsville, IN 47429-1323
(812) 876-1272

**Candidates must complete all questions on this application.
Incomplete applications may not be accepted.**

SECTION 1

Name _____
Last First Middle Initial

Address _____
Street Apt. Number

_____ City State ZIP Code

Phone Number _____ Alternate Number _____ Email _____

Position applied for _____
(Complete separate application for each position applied.)

Date of birth if under age 18 _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.)

Yes ___ No ___ Comments _____

How did you learn of this opening? _____

How long would you plan to stay in this position? _____

If hired, what date could you begin work? _____

Were you previously employed by Monroe County Public Library (MCPL)? Yes ___ No ___

Volunteered? Yes ___ No ___ If yes, dates and department _____

List any relatives or members of the immediate household currently working for MCPL _____

A driver's license and/or proof of auto insurance may be required for specific positions due to job related responsibilities. Do you have a current valid driver's license? ___ Yes ___ No

Have you ever been convicted of, or are you currently charged with, any crime or has your driver's license ever been suspended? (A charge or conviction will not necessarily disqualify an applicant from employment)

Yes ___ No ___ If yes, please explain: _____

We may contact previous employers listed on the application and/or resume, or provided as a reference, unless you indicate those you do not want us to contact. DO NOT Contact _____

REASON _____

Have you ever been discharged or resigned as a result of or while under investigation for violation of any employer rules or policies? Yes _____ No _____

If yes, reason: _____

STOP! Applicants for a non-hourly position (pay grade 11 or higher), please proceed to SECTION 6. Be sure to submit your Resume and Cover Letter.

Hourly position applicants, continue here:

SECTION 2

RECORD OF EDUCATION

Name of Institution (beginning with high school)	Number of Years Attended	Did you graduate? (Yes or No)	Degree Minor/Major

SECTION 3

SCHEDULE OF AVAILABILITY

(Please shade in the areas that represent times you are available to work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00
9:00-10:00	9:00-10:00	9:00-10:00	9:00-10:00	9:00-10:00	9:00-10:00	9:00-10:00
10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00	10:00-11:00
11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00	11:00-12:00
12:00-1:00	12:00-1:00	12:00-1:00	12:00-1:00	12:00-1:00	12:00-1:00	12:00-1:00
1:00-2:00	1:00-2:00	1:00-2:00	1:00-2:00	1:00-2:00	1:00-2:00	1:00-2:00
2:00-3:00	2:00-3:00	2:00-3:00	2:00-3:00	2:00-3:00	2:00-3:00	2:00-3:00
3:00-4:00	3:00-4:00	3:00-4:00	3:00-4:00	3:00-4:00	3:00-4:00	3:00-4:00
4:00-5:00	4:00-5:00	4:00-5:00	4:00-5:00	4:00-5:00	4:00-5:00	4:00-5:00
5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00
6:00-7:00	6:00-7:00	6:00-7:00	6:00-7:00	6:00-7:00	6:00-7:00	6:00-7:00
7:00-8:00	7:00-8:00	7:00-8:00	7:00-8:00	7:00-8:00	7:00-8:00	7:00-8:00
8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00	8:00-9:00

Certain job positions require employees to be available beyond the times specified above. If the position you applied for requires this, what times would you be available to work prior to 8:00 am Monday-Sunday?

After 9:00 pm Monday-Sunday? _____

SECTION 4

Work Experience: Begin with your most recent job. List each job separately. Please include related volunteer work

	DATES	EMPLOYERS	DUTIES
1.	Month and Year: From	Name of Current or Last Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	
2.	Month and Year: From	Name of Former Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	
3.	Month and Year: From	Name of Former Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	
4.	Month and Year: From	Name of Former Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	
5.	Month and Year: From	Name of Former Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	
6.	Month and Year: From	Name of Former Employer	Your Title
	To	Address	Duties Performed
	Hours per week	City, State, Zip Code	Reason For Leaving
	Salary	Immediate Supervisor Phone No.	

Voluntary Equal Employment Opportunity Informational Survey Request

The following information is for statistical purposes only.
It will be kept strictly confidential and will not be used for employment purposes.

– TO BE COMPLETED BY APPLICANT FOR EMPLOYMENT –
FORM WILL BE FILED SEPARATELY FROM APPLICATION

Please return completed surveys to the Library Administration/Human Resource Office

The Library is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any classification protected by federal, state, or local law. This survey is for statistical purposes related *only* to our recording requirements for the Equal Employment Opportunity Commission and other governmental and legal record keeping obligations.

All surveys will be kept in a confidential file *separate* from applications for employment. **Submission of this information is completely voluntary; it will not be used in considering your application.** Inclusion or exclusion of any data *will not affect* any employment decisions. Thank you for your cooperation.

Date: _____

ZIP Code _____

Position Title Applied For _____

Sex: Male Female Date of Birth _____ (mm/dd/yyyy) Age _____

Referral Source

MCPL website MCPL employee Newspaper IU IvyTech
 WorkOne Friend Other _____

With which racial/ethnic group do you identify? (check one)

White (non-Hispanic) Black (non-Hispanic) Hispanic
 Asian or Pacific Islander American Indian or Alaska Native

PERSONAL AND CONFIDENTIAL

This page contains sensitive information. Store in secure "Affirmative Action Forms" files, separately from personnel records.