

# Osgood Public Library

## APPLICATION FOR EMPLOYMENT

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**Osgood Public Library**  
136 W. Ripley St.  
Osgood, IN 47037

**Phone: 812-689-4011**

**Milan Branch Library**  
1171 N. Warpath Dr.  
Milan, IN 47031

**Phone: 812-654-1963**

*Please read all instructions carefully and complete all sections of the application completely and accurately. Applications lacking sufficient information will be rejected. The Osgood Public Library will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Applications are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. OPL will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.*

**Please Note: The Osgood Public Library will accept applications for posted vacancies or future positions. Descriptions of these positions are located at the main Library's in Osgood and at the Milan branch location.** Your application information will be placed in our candidate information file to allow referral of your application for current or future vacancies for which you meet the qualifications. Your application will remain active for a period of 3 months.

<b>Position applied for:</b> _____ (Please use specific OPL position title.)	<b>Date of application:</b> _____
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**Date you can start:** \_\_\_\_\_ **Application Type:** (check one)  New  Current OPL Employee

**Name:** \_\_\_\_\_  
Last First Middle

**Present address:** \_\_\_\_\_  
Street City State Zip

**Permanent Address (if different):** \_\_\_\_\_  
Street City State Zip

**Telephone:** \_\_\_\_\_  
Area Code (Home Number) Area Code (Work Number) Area Code (Message Number)

**Are you legally authorized to work in the U.S.?**  Yes  No (check one) **Under 18?**  Yes  No (check one)

**Salary Desired:** \_\_\_\_\_

**Have you ever been employed under a different name?**  Yes  No (check one)

If so, what name? \_\_\_\_\_

**Have you ever applied to the Osgood Public Library before?**  Yes  No (check one)

If so, when? \_\_\_\_\_ Under what name? \_\_\_\_\_

**Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction?** (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.)  **Yes**  **No** (check one)

If yes, please state the nature of the conviction or plea, the date and place where offense occurred, and explain.

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**Do you have any friends or relatives employed by the Osgood Public Library or who serve on the Library Board of Trustees?**  **Yes**  **No**

If "Yes," give name and title:

Name and relationship: \_\_\_\_\_ Job Title: \_\_\_\_\_

## ***Education***

	<b>Name &amp; Location Of School</b>	<b>No. of Years Attended</b>	<b>Degree, Certificate or Diploma</b>	<b>Subject/Major</b>
<b>High School</b>				
<b>College or University</b>				
<b>College or University</b>				
<b>Business or Vocational</b>				
<b>Specialized Training</b>				

***Professional References*** Please list three individuals not related to you, whom you have known for at least one year.

<b>Name</b>	<b>Address &amp; Telephone</b>	<b>Relationship</b>	<b>Years Acquainted</b>

# Employment History

Beginning with your current or most recent job, list *all* previous employers and provide description of duties. If applicable, include military and unpaid volunteer experience, and provide explanation for dates of unemployment. Attach additional sheets if necessary. **You may also attach a resume, but this section must be completed in its entirety. Referring to attached resume is not sufficient.**

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Please provide any additional information such as special job-related skills, training, management experience or qualifications you feel will be helpful to us in considering your application.

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Please provide information such as specific skills or training on office machinery or other equipment, software, computer programs, databases, etc. that will be helpful in performing the responsibilities of the position for which you are applying.

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Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?

Yes       No      (check one)

If yes, please state the employer and the reason for discharge or resignation.

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#### Applicant's Statement

(Please indicate that you have read and understand each of the following paragraphs by placing your initials beside each paragraph.)

\_\_\_\_\_ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, and through a criminal history check. This inquiry may include information as to, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time.

\_\_\_\_\_ I understand that, upon employment, I will sign an agreement relating to confidential information and/or other library policies.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_