



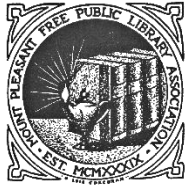
Mount Pleasant Free Public Library Association, Inc.
 120 S Church Street, Mt Pleasant PA 15666
 Ph: (724) 547-385
 www.mountpleasantlibrary.org

Please Print

Application for Employment

We are an Equal Opportunity Employer. It is our policy to abide by all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Date of Application:					
Last Name		First Name		Middle Initial	
Address		City		State	ZIP
Home Phone		Cell Phone		Work Phone and Extension	
Best place to contact me				Time:	
Email address (print clearly)					
Check One					
Currently Employed		<input type="checkbox"/>	Currently Not Working		<input type="checkbox"/>
			Retired		<input type="checkbox"/>
			Student		<input type="checkbox"/>
Employed By:		Occupation			Employer Phone Number
If employed and you are under 18, can you furnish a work permit? Yes or No					<input type="checkbox"/>
Have you filed an application here before? Yes or No			<input type="checkbox"/>	If yes, give date(s):	
Have you been employed here before? Yes or No			<input type="checkbox"/>	If yes, give date(s):	



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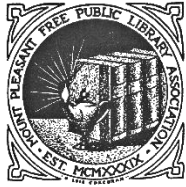
If currently working, can we contact your current employer? Yes or No		If hired, can you furnish proof you are legally entitled to work in the USA? Yes or No	
On what date would you be available to work?			
Are you available to work	Full-Time	Shift Work	
	Part-Time	Temporary	

Provide three personal references who are not related to you and are not previous employers.

Name and Occupation		Relationship	
Address		Phone	
Name and Occupation		Relationship	
Address		Phone	
Name and Occupation		Relationship	
Address		Phone	

Education

Education (circle highest)	High School	9	10	11	12	College	1	2	3	4	Graduate/ Professional	1	2	3	4	
Degree(s)																
Honors Received																
Name of school you attend now											What class or grade are you currently in?					



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Employment History

Employer		Telephone		
Address		State		ZIP
Dates Employed		From		To
Job Title		Last Hourly Rate or Annual Wage		
Supervisor				
Work Performed				
Reason for Leaving				

Employer		Telephone		
Address		State		ZIP
Dates Employed		From		To
Job Title		Last Hourly Rate or Annual Wage		
Supervisor				
Work Performed				
Reason for Leaving:				



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Address		State		ZIP
Dates Employed		From		To
Job Title		Last Hourly Rate or Annual Wage		
Supervisor				
Work Performed				
Reason for Leaving:				

Permission from parent or legal guardian for children under the age of 18 is required			
(Child's name) has my permission to work at the Mount Pleasant Library.			
Age of Youth:		Parent or Legal Guardian Signature	Today's Date

Background Check Requirements

The Mt. Pleasant Free Public Library Association, Inc. requires all employees to have background checks performed. For more information, contact the Library Director at 724-547-3850. Note which of these background checks you currently have now.

___ Child Abuse History Clearance

___ PA State Police Criminal Records Check, and

___ FBI Fingerprint based Background Check. There is a cost for the FBI Fingerprint based background check and the Library reimburses employees who are cleared then hired.



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COVID-19 Vaccination Status

I am fully vaccinated for COVID-19 Yes No

I am requesting a medical exemption or accommodation from any vaccination requirement.

Please provide a brief explanation of the nature and extent of your medical exemption or accommodation request:

I am requesting a religious exemption or accommodation from any vaccination requirement.

Please provide a brief explanation of the nature and extent of your religious exemption or accommodation request:

Substantiating documentation of vaccination status or any exemption or accommodation request will be required from the employee later on in the hiring process as a further condition of employment.

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing. I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I further understand that a background check may also involve the Library obtaining an investigative consumer report on me which may cover such areas as my character and general reputation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required by all rules and regulations of the Library.

Signature of Applicant

Date

For Internal Use Only			
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks:			
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____	Hourly Rate/Salary _____	
Job Title _____			