

Application for Employment

445 East Church Street, Marion, Ohio 43302 740-387-0992 | marionlibrary.org

PLEASE COMPLETE ALL AREAS OF THE APPLICATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should contact the Library.

| Date of application | | | |
|---|----------------------------------|-----------------------------|-----------------------|
| Name | FIRST | | MIDDLE |
| Address | | | |
| Telephone # | Cell #E | mail Address | |
| Type of employment desired: | ☐ Full-Time ☐ Part-Time | | |
| Have you ever been employed by If yes, please give dates FROM | | Yes No | |
| Are you legally eligible for employ | ment in the United States? | Yes No | |
| Are you related to anyone employ State name and relationship | • . | , | Yes No |
| The Library is open Monday throu Saturday: 10 a.m 3:00 p.m. | ıgh Wednesday: 9:00 a.m 7: | 00 p.m. Thursday and Friday | y: 9:00 a.m 5:00 p.m. |
| Do you have any specific schedul | ing restrictions? If yes, please | explain: | |
| | | | |
| Position applying for | | | |

| Employment History | | |
|--|----------------|------------------|
| Starting with your most recent employer, please provide the following information: | | |
| Employer | DATES | EMPLOYED |
| Address | From | То |
| Job Title | | |
| Immediate Supervisor and Title | STARTIN | NG SALARY PER |
| Reason for Leaving | <u> </u> | SALARY |
| May We Contact for Reference? Yes No | \$ | PER |
| | | |
| Summarize the Type of Work Performed and Job Responsibilities | | |
| | | |
| | | |
| Employer | DATES | EMPLOYED |
| | From | То |
| Address | | |
| Job Title | STARTII | NG SALARY |
| Immediate Supervisor and Title | \$ | PER |
| Reason for Leaving | | SALARY |
| May We Contact for Reference? ☐ Yes ☐ No | \$ | PER |
| Summarize the Type of Work Performed and Job Responsibilities | | |
| | | |
| | | |
| | | |
| Employer | DATES EMPLOYED | |
| Address | From | То |
| Job Title | | |
| Immediate Supervisor and Title | STARTIN | IG SALARY |
| | \$ | PER |
| Reason for Leaving | FINAL | SALARY |
| May We Contact for Reference? ☐ Yes ☐ No | \$ | PER |
| Summarize the Type of Work Performed and Job Responsibilities | | |
| | | |
| | | |
| | | |
| Comments | | |
| | | |
| | | |
| Skills and Qualifications | | |
| Summarize any special training, technological skills, or job-related experiences that may assist you | in perform | ning the |
| essential job duties of the position for which you are applying. | | |
| | | |
| | | |
| | | |

Education

List schools attended, starting with the most recent

| SCHOOL (INCLUDE CITY AND STATE) | DEGREE OR DIPLOMA EARNED | MAJOR |
|---------------------------------|--------------------------|-------|
| | | |
| | | |
| | | |
| | | |

References

List name, address and telephone number of three business/work references. If not available, list three school or personal references who are not related to you.

| NAME | ADDRESS | TELEPHONE NUMBER | YEARS KNOWN |
|------|---------|------------------|----------------|
| | | | |
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Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment.

I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that the Ohio Revised Code or Federal Law may disqualify an individual with a particular criminal history from employment in a particular position.

I understand that this application remains current for one year. At the conclusion of the that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard;

I agree to comply with all employment rules and regulations of the Library; I understand that I will be required to work evenings and weekend hours.

| DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT | | |
|---|---|--|
| | I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. | |
| Signature of Applicant _ | Date | |
| | | |