

Application for Employment, Wood County District Public Library

Please type or print responses to all of the questions contained on the entire application form.

Position sought: _____ Full- or part-time? _____ Temporary or on-going? _____

Name: _____
Last First Middle

Home Address: _____ Home phone: _____

City/State/Zip : _____ County: _____

S.S. Number: _____ Are you 18 or older? YES _____ NO _____

If under 18, can you provide a worker's permit? _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience. Start with your current employer. Use additional paper, if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____
(Enter "None" if unemployed)

May we contact your current employer for a reference? YES _____ NO _____

Address: _____

Phone Number: _____ Dates Employed: _____

Job Title: _____

Supervisor's Name: _____

Beginning salary: \$ _____ Per _____ Current Salary: \$ _____ Per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why do you wish to leave?

Previous Employer: _____

Address: _____

Phone number: _____ Dates employed: _____ To: _____

Job Title: _____

Supervisor's Name: _____

Beginning salary: \$ _____ Per _____ Current Salary: \$ _____ Per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave?

Previous Employer: _____

Address: _____

Phone number: _____ Dates employed: _____ To: _____

Job Title: _____

Supervisor's Name: _____

Beginning salary: \$ _____ Per _____ Current Salary: \$ _____ Per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave?

Previous Employer: _____

Address: _____

Phone number: _____ Dates employed: _____ To: _____

Job Title: _____

Supervisor's Name: _____

Beginning salary: \$ _____ Per _____ Current Salary: \$ _____ Per _____

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave?

If you need to list any additional previous employer or other information related to previous employers, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to provide the employer information about your education and training that demonstrates your skills, knowledge, and abilities to perform the job duties of the position.

High School attended: _____

Address: _____

Did you graduate? _____ High school equivalent? _____

Courses pertaining to job applied for:

Activities, awards, sports, etc.:

College or trade school attended: _____

Address: _____

Dates of attendance: _____ to: _____ Did you graduate? _____ Degree: _____

Courses pertaining to job applied for:

Activities, awards, sports, etc.:

Graduate School attended: _____

Address: _____

Dates of attendance: _____ to: _____ Did you graduate? _____ Degree: _____

Awards, training, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application (use additional paper as needed):

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position? YES _____ NO _____

If YES, please explain:

Do you possess a valid driver's license? YES _____ NO _____

If no, can you obtain one prior to employment? YES _____ NO _____

Are you eligible to work in the United States? YES _____ NO _____

Are you a resident of Ohio? YES _____ NO _____

If not, are you willing to become a resident upon employment? YES _____ NO _____

Are you related to anyone who is currently employed by the Wood County District Public Library? YES _____ NO _____

List three (3) references who are not related to you. References from supervisors preferred.

Name: _____

Phone: _____ Email: _____

Address: _____

How do you know this person? _____

Name: _____

Phone: _____ Email: _____

Address: _____

How do you know this person? _____

Name: _____

Phone: _____ Email: _____

Address: _____

How do you know this person? _____

Please read each of the following paragraphs carefully. Indicate your understanding of and consent to the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that if I am selected for employment my employment may be conditioned upon my passing any medical examination that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that, while this application does not seek information regarding an applicant's criminal record, the Employer requires a high degree of integrity and confidentiality of its employees. Therefore, the Employer reserves the right to make inquiry into an applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Employer shall make an individualized assessment, utilizing the factors permitted by applicable law. Therefore, I understand and accept that it is necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials: _____

4. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the Employer. I further authorize the release of personnel, academic, and other records to the Employer.

Initials: _____

5. If you are hired, this application will become part of your official employment record.

Initials: _____

6. I understand and accept that if I am hired, it will be my responsibility to read and understand all written policies, directives, and procedures; and that I will be disciplined for violating them.

Initials: _____

7. I understand that discriminatory harassment (harassing conduct based on race, color, religion, creed, gender/sex, national origin or ancestry, military or veterans status, age, disability, pregnancy, gender expression, gender identity, sexual orientation, physical characteristics, HIV status, political ideology, familial/marital status, or genetic information) and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials: _____

8. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission, on pain of termination.

Initials: _____

READ CAREFULLY BEFORE SIGNING

I solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

I also recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Finally, I agree that any claim or lawsuit relating to my service with the Wood County District Public Library must be filed no more than six (6) months after the date of employment action that is the subject to the claim or lawsuit. I waive any statute of limitations to the contrary.

(Applicant's Signature)

(Date)