



219 North Broad Street
Lancaster, Ohio 43130-3098

EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment laws, qualified applicants are considered for positions without regard to race, color, creed, religion, sex, national origin, marital status, age, or disability.

IMPORTANT: Complete all sections. Please print in ink

IDENTIFICATION

Date: _____

Name: Last _____ First _____ Middle _____

Street Address _____ Telephone Number _____

City _____ State _____ Zip _____ Social Security No. _____

Under 18? Yes _____ No _____ if under 18, can you provide proof of eligibility to work? Yes _____ No _____

GENERAL INFORMATION

Are you interested in full time work? _____ Part time work? _____

Can you work: Mornings Afternoons Evenings Saturdays Sundays
(Most positions require some evenings and weekends.)

Have you ever been convicted of a felony? _____ If so, give date of conviction and describe the nature of the offense.

(A conviction record will not necessarily disqualify you for employment.)

Do you possess a valid Ohio driver's license? Yes No

What types of jobs are you interested in?

Professional Librarian
(requires MLS or MSLS)

Clerical/Administrative

Public Service

Maintenance

Other please specify _____

EDUCATION

School	Circle Highest Year Completed	Name and City	Did you graduate (circle one)	Major Subject or Types of Courses
High School	Years 9 10 11 12		Yes No	
Business Correspondence or Vocational School	No. of Months		Yes No	
College or University	Years 1 2 3 4		Yes No	
Graduate School	Years 1 2 3 4		Yes No	
Other Courses of Special Training	No. of Months		Yes No	
Special Skills: (Include knowledge or experience of word processing, computer, Internet, etc.)				

Please note any Library volunteer work which may compliment your paid work experience or relate to the position applied for:

At the present time, do you have an immediate family member that works for the Fairfield County District Library? (Immediate family is defined as spouse, child, stepchild, grandchild, parent, grandparent, brother, sister, or a person residing in the trustee or employee household.) Yes No

If yes, list _____

PREVIOUS EMPLOYMENT

Place of Employment		Duties
Address	Telephone Number ()	Reason for Leaving
Supervisor's Name		Date of Employment From_____ To_____
May we contact this employer Yes No		Rate of Pay

Place of Employment		Duties
Address	Telephone Number ()	Reason for Leaving
Supervisor's Name		Date of Employment From_____ To_____
May we contact this employer Yes No		Rate of Pay

Place of Employment		Duties
Address	Telephone Number ()	Reason for Leaving
Supervisor's Name		Date of Employment From_____ To_____
May we contact this employer Yes No		Rate of Pay

Agreement: Please read before signing

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on the application or in the interview(s) may result in discharge. I understand that any offer of employment is contingent upon my ability to comply with the Immigration and Naturalization Service regulations establishing my identity and right to work in the United States.

I agree that should I become employed, as a condition of my employment and in consideration of my employment, that I will conform to the rules and policies of the Fairfield County District Library and I understand that my employment can be terminated by the Library for any reason not contrary to law. I further understand that should I become employed by the Library that I will not be guaranteed employment for any specific period of time, nor will I be guaranteed any specific pay or benefits, as the Library can change pay and benefits. Moreover, I understand that if I become employed I can terminate my employment at the Library for any reason at any time, though the Library requests the courtesy of 2-weeks notice of resignation. Finally, I understand that no supervisor or representative of the Fairfield County District Library, other than the Director, has the authority to enter into any agreement with me contrary to the foregoing and any agreement with the Director contrary to the foregoing must be in writing to be valid.

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

This application shall be considered active for no more than six (6) months. After that time applicants will be required to resubmit a complete application.

Signature_____ Date_____