



Inspiring lifelong learning!

445 East Church Street, Marion, Ohio 43302

740-387-0992 | marionlibrary.org

Application for Employment

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 _____
LAST FIRST MIDDLE

Address _____

Telephone # _____ Cell # _____ Email Address _____

If you are under 18, can you provide a work permit? Yes No

Have you ever been employed by Marion Public Library? Yes No

If yes, please give dates _____
FROM TO

Are you legally eligible for employment in the United States? Yes No

Are you related to anyone employed by Marion Public Library? Yes No

State name and relationship _____

If the position requires travel, can you supply your own transportation? Yes No

Type of employment desired
 Full-Time Part-Time

The Library is open Monday through Wednesday: 9:00 a.m. - 7:00 p.m. Thursday and Friday: 9:00 a.m. - 5:00 p.m. Saturday: 10 a.m. - 3:00 p.m. Sunday (Labor Day to Memorial Day): 12:00 p.m.– 3:00 p.m.

Do you have any specific scheduling restrictions? If yes, please explain: _____

Position applying for _____

Employment History

Starting with your most recent employer, please provide the following information:

Employer _____
Address _____
Job Title _____
Immediate Supervisor and Title _____
Reason for Leaving _____
May We Contact for Reference? Yes No
Summarize the Type of Work Performed and Job Responsibilities _____

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Employer _____
Address _____
Job Title _____
Immediate Supervisor and Title _____
Reason for Leaving _____
May We Contact for Reference? Yes No
Summarize the Type of Work Performed and Job Responsibilities _____

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Employer _____
Address _____
Job Title _____
Immediate Supervisor and Title _____
Reason for Leaving _____
May We Contact for Reference? Yes No
Summarize the Type of Work Performed and Job Responsibilities _____

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Comments _____

Skills and Qualifications

Summarize any special training, technological skills, or job-related experiences that may assist you in performing 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

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 _____

Applicants under age 18 must obtain the signature of a parent or guardian.

It is with my permission that my son/daughter makes application for employment with Marion Public Library

Signature of Parent/Guardian _____ Date _____