



Holmes County District Public Library
 3102 Glen Drive, Millersburg, Ohio 44654
 Phone: 330-674-5972 Website: www.holmeslibrary.org

For Office Use Only

Position _____

Resume Included: YES NO

Interviewed: YES NO

Hired: YES NO

Application for Employment

Applications will be accepted for open positions only

READ CAREFULLY:

- This application will remain on file for 6 months upon signing.
- If you wish to be considered for employment after this period, or for a different open position, you must fill out and submit a new application.
- Applicants for employment with the Holmes County District Public Library are evaluated and selected on the basis of individual merit and ability with respect to the position being filled.
- Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, sexual orientation, disability or ancestry.
- All questions in this application must be answered fully before it will be accepted.
- All answers must be printed in ink or typewritten. The application must be signed in ink.
- If you cannot complete this form, please ask for help.
- Applicants may request reasonable accommodation in the application and interview process.

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Email Address: _____

Phone #: _____
Daytime Evening

Today's Date: _____

Are you:

- Age 18 or over? Yes No
- A citizen of the United States or do you have the legal right to be employed in the United States? Yes No
- Related to any current Library employee or Board Member? Yes No
 If yes, give name(s) and relationship: _____
 (Library policy prohibits hiring immediate relatives of employees or trustees.)

Have you:

- Ever belonged to the Ohio Public Employees Retirement System of Ohio? Yes No
- Ever worked in a library? Yes No
 If yes, give job title and describe typical duties: _____
- Ever been discharged or requested to resign from a position? Yes No
 If yes, explain: _____

EMPLOYMENT DESIRED

Position title for which you are applying: _____

Date available to start: _____

Are there hours or days you would be unable or unwilling to work? Yes No

If yes, please specify: _____

EDUCATION AND TRAINING

SCHOOL(S) ATTENDED	ADDRESS	CITY	STATE ZIP	GRADUATED:
High School				Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>
College/University				Degree Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Degree Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical/Trade				Yes <input type="checkbox"/> No <input type="checkbox"/>

Other education, training, experience, or special skills that would be useful: _____

Computer familiarity (Describe): _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? Should there be a question, please refer to the job description. Yes No

If no, please explain: _____

WORK HISTORY – DO NOT REFERENCE YOUR RESUME**EMPLOYMENT RECORD- LIST MOST RECENT EMPLOYMENT FIRST-INCLUDE U.S. MILITARY, IF APPLICABLE**

Date of Employment	From:	To:	Ending Salary Rate:
Place of Employment:			
Address:			
Job Title:		Major Duties:	
Name of Supervisor:		Telephone #	
Reason for Leaving:			

Date of Employment	From:	To:	Ending Salary Rate:
Place of Employment:			
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Date of Employment	From:	To:	Ending Salary Rate:
Place of Employment:			
Address:			
Job Title:		Major Duties:	
Name of Supervisor:		Telephone #	
Reason for Leaving:			

May we contact your present employer? Yes No

REFERENCES

List three references who are not relatives or former employers, who have knowledge of your work experience and/or education:

Name/Title	Mailing Address	Phone

Declaration of Applicant

Read the following paragraphs carefully before signing. This Declaration of Applicant must be signed and dated in ink by the applicant.

My signature below authorizes the Holmes County District Public Library to contact any agency, company, or individual it deems appropriate to investigate my employment history, character, and qualifications and authorizes release of information in connection with my application for employment. This investigation may include, but not be limited to, such information as criminal or civil conviction, driving records, previous employers and educational sources. I waive my right of access to any such information, and without limitation hereby release the Holmes County District Public Library and the reference source from any liability in connection with its release or use. I understand that part of the hiring process of the Holmes County Library is to conduct an authorized background check.

Furthermore, I hereby affirm that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements, answers to questions and any attachments hereto. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, I may be disqualified, or, if I have already been hired, my employment may be terminated. In the event that I am employed by the Holmes County District Public Library, I agree to comply with all of its orders, rules and regulations and understand that employment with the Holmes County District Public Library automatically includes membership in the OPERS (Ohio Public Employees Retirement System) as provided under the Ohio Revised Code. I understand that no one in the Library is authorized to enter into any written or verbal employment contracts with me without the consent of the Director. I understand that my employment is "at-will" and may be terminated by myself or by the library at any time for any reason at all, with or without prior notice.

Date

Signature of Applicant

DRIVER CONSENT FORM

To be included with the employment application; for all prospective new employees who may be required or may on occasion drive an Agency vehicle or any other vehicle on behalf of the Agency.

Applicant's Name: _____
FirstMiddleLast

Ohio Driver's License Number: _____

Social Security Number: _____

Position Applied For: _____

(The above information is required by the State of Ohio to run a MVR)

I understand that as a condition of employment I must have a current and valid Ohio Driver's License and an acceptable driving record, which meets the standards of the Agency's auto liability insurer. I understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing Agency minimum requirements.

I further agree that the Agency may check my driving record at any time. I agree to report to the Director any accidents, arrests, suspensions, or the cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the Agency.

I understand that by giving incorrect information or by omitting information I am falsifying my application and therefore subject to dismissal if hired.

Prior to driving on behalf of the Agency: I am familiar with the Agency's policy indicating that a poor driving record could lead to disqualification from consideration as a candidate or dismissal as an employee. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the ACCAA to record and report the information listed below. Please help us comply by providing the answers to the following questions.

The Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: _____

RACE/ETHNIC GROUP: American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic
 Black
 White

SEX: Female
 Male

VIETNAM ERA VETERAN: Yes
 No

DISABLED VETERAN: Yes
 No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes
 No

REFERRED BY: Job Posting Newspaper
 Friend Other (please specify): _____

Thank you for completing this form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.