

**ROSSFORD PUBLIC LIBRARY  
PERSONNEL POLICY AND PROCEDURE MANUAL**

**APPLICATION FOR EMPLOYMENT**

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Equal Opportunity Employer  
Application remains active for 90 days

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial  
Home Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Are You an Adult? YES NO

Valid Driver's License YES NO State Issued:  License Number:	Are you legally eligible for employment in the U.S.?  YES NO	This employment application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the 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 Library shall make an individualized assessment utilizing the factors permitted by applicable law.
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Do you have any relatives currently employed by this company? YES NO

If YES, list names: \_\_\_\_\_

**Educational Background (Complete All Sections Applicable)**

Name(s) used while attending these schools:

High School	Name of School  Address, City, State	Course of Study:  Did you graduate? _____ High School Equivalent? _____
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**Courses pertaining to job applied for:**

College	Name  Address, City, State	Major/Specialization:  Type of Degree Received:
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**Courses pertaining to job applied for:**

Other Studies  Include Military	Name  Address, City, State	Course of Study:  Type of Certification/Licensing:
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**Courses pertaining to job applied for:**

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that are related to the position for which you are applying. (Attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Personal References (Other than Employers or Relatives) you have known for at least two years

Name	Address	Telephone	E-mail
1.			
2.			
3.			

List All Employment History (Begin with Last or Present Employer First) City, State and Telephone numbers are required. Use additional paper if necessary. Failure to include all employment shall be grounds for disqualification.

Employer		Your Job Title		Supervisor's Name/Title			
Address		City	State/Zip	Telephone			
Dates:		City/State where you resided while employed here:					
From:	To:	Salary/Wages	Start:	Finish:			
Reason for leaving:	Resigned with Notice	Quit (no notice)	Terminated	May we contact this employer?	YES	NO	
Please state reason for resignation/termination:							
Major duties performed:							

Employer		Your Job Title		Supervisor's Name/Title			
Address		City	State/Zip	Telephone			
Dates:		City/State where you resided while employed here:					
From:	To:	Salary/Wages	Start:	Finish:			
Reason for leaving:	Resigned with Notice	Quit (no notice)	Terminated	May we contact this employer?	YES	NO	
Please state reason for resignation/termination:							
Major duties performed:							

Employer		Your Job Title		Supervisor's Name/Title			
Address		City	State/Zip	Telephone			
Dates:		City/State where you resided while employed here:					
From:	To:	Salary/Wages	Start:	Finish:			
Reason for leaving:	Resigned with Notice	Quit (no notice)	Terminated	May we contact this employer?	YES	NO	
Please state reason for resignation/termination:							
Major duties performed:							

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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:

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 initiating the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical and/or psychological examination that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. Initials: \_\_\_\_\_
2. I understand and accept that the Employer may inquire into its employment candidates' character, general reputation, personal characteristics, and credit standing for employment-related purposes. As such the Employer may obtain information including, but not limited to credit reports, social security number, verification of professional references, licensing or certification information, etc. I hereby authorize the Employer to obtain such information mentioned above from the sources, and by the means necessary to obtain such information for employment-related purposes. Initials: \_\_\_\_\_
3. 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: \_\_\_\_\_
4. I certify that all of the information supplied by me on my application for employment is true and complete. I understand that false or incomplete statements herein, or in any interview, resume or other document supplied, shall result in rejection of my application or dismissal any time after hiring. I authorize investigation of all statements contained in this application. Initials: \_\_\_\_\_
5. I understand that this application, and if hired, any handbook, policy or other document/statement, does not constitute a contract of employment and that I may voluntarily leave employment at any time and may be terminated from employment at any time for any reason. Initials: \_\_\_\_\_

**\*\*READ CAREFULLY BEFORE SIGNING\*\***

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

_____ Applicant's Signature	_____ Today's Date
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