



# MANSFIELD/RICHLAND COUNTY PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/  
interview process.

Application date: \_\_\_/\_\_\_/\_\_\_

**Applicants must submit a new application for consideration for a new position.**

## PLEASE PRINT

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Veteran: Yes  No  Branch of Service: \_\_\_\_\_

If you are 16 or 17 years of age, please state your birthdate: \_\_\_\_\_

Are you legally permitted to work in the United States? Yes  No

## PERSONAL DATA

Position(s) desired: \_\_\_\_\_ Full-Time  Part-Time

Date available to start: \_\_\_\_\_

Have you previously applied for a job with Mansfield/Richland County Public Library? Yes  No  When: \_\_\_\_\_

Have you ever been employed by Mansfield/Richland County Public Library? Yes  No  When: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Are you related to anyone employed by Mansfield/Richland County Public Library? Yes  No

State name and relationship: \_\_\_\_\_

Do you have any time commitments (days/times) that might interfere with your employment? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been employed by another public employer in Ohio? Yes  No

If yes, provide place and dates of service: \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes  No

If yes, please explain: \_\_\_\_\_

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## EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position first – including U.S. Military. Attach additional pages if needed and/or resumé and cover letter if requested.

<b>1</b> EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM                      TO	POSITION HELD	SUPERVISOR
REASON FOR LEAVING		

<b>2</b> EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM                      TO	POSITION HELD	SUPERVISOR
REASON FOR LEAVING		

<b>3</b> EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM                      TO	POSITION HELD	SUPERVISOR
REASON FOR LEAVING		

## PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS AND TELEPHONE	OCCUPATION

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If the job posting listed a driver's license as required for the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes  No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes  No
- Have you had any traffic violations in the past three (3) years? Yes  No

If yes, please list:

OFFENSE	APPROXIMATE DATE/YEAR

If employed, why do you wish to leave your present employer? \_\_\_\_\_  
 \_\_\_\_\_

May we contact your present employer for a reference? Yes  No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATIONAL DATA

School/College	Location City/State/Zip	Major Subject/Degree	Scholastic Average	Did you Graduate?
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

# MANSFIELD/RICHLAND COUNTY PUBLIC LIBRARY

Applicants for employment with the Mansfield/Richland County 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, disability or ancestry.

## CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material 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 also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE



## FOR INTERNAL USE ONLY

ARRANGE INTERVIEW: Yes  No

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(or initials)

EMPLOYED: Yes  No  STARTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION: \_\_\_\_\_ STARTING RATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

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## EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment practices 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.

This 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  
 Friend  
 Newspaper  
 Other (please specify): \_\_\_\_\_

Thank you for completing this form.

**THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.**  
***This form is optional.***

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