



Mansfield/Richland County Public Library

Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to complete the application or interview process should contact Human Resources. Incomplete or illegible applications will not be considered for employment. All applications must contain contact information for at least two professional references.

Position applying for _____ Today's Date _____

Name _____ Email _____

Address _____ City _____ St _____ Zip _____

Phone _____ Alternate _____ Best time to call _____

How did you find out about this position?

____ Library Website ____ NEO Website ____ Ohio Means Jobs ____ Indeed

____ On-site Posting ____ OPLIN or OLC ____ Other _____

Have you worked for M/RCPL in the past? ____ Yes ____ No If yes, please list dates _____ to _____

If under 18, can you provide a work permit? ____ Yes ____ No Date you're available to start work _____

Are you legally eligible to work in the United States? ____ Yes ____ No (Proof of employment eligibility is required at time of hire.)

Circle your availability (not applicable for Custodian or Maintenance positions):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:30 – 5p	8a – 12p	8a – 12p	8a – 12p	8a – 12p	8a – 12p	8a – 1p
	12p – 4p	12p – 4p	12p – 5p	12p – 4p	12p – 5p	1p – 5p
	4p – 8p	4p – 8p		4p – 8p		

Does the Mansfield/Richland County Public Library employ any of your relatives, or are you related to any M RCPL Board members? ____ Yes ____ No

If yes, please list that person's name and relationship to you.

Name _____ Relationship _____

Employment History Starting with your most recent employer, please provide for all employment held:

Employer	Phone ()
Address City State Zip	Dates Employed: to
Job Title	
Immediate Supervisor's Name & Title	Phone ()
Why did you leave?	May we contact for reference? ___ Yes ___ No ___ Later
Duties performed	
What did you like most about the position?	
What did you like least about the position?	

Employer	Phone ()
Address City State Zip	Dates Employed: to
Job Title	
Immediate Supervisor's Name & Title	Phone ()
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Why did you leave?	May we contact for reference? ___ Yes ___ No ___ Later
Duties performed	
What did you like most about the position?	
What did you like least about the position?	

Educational Background Start with the most recent school you attended.

School (include City and State)	Completed?	Degree	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

Skills & Qualifications

Sum m arize any special training, skills or job-related experience that m ay assist you in perform ing the duties of the position for which you are applying: _____

Com puter Skills

Are you proficient with Information Management Tools, such as Windows and Microsoft Office? ____ Yes ____ No

List any Integrated Library Systems and databases used: _____

Professional Affiliations, Certifications and Licensures (Exclude memberships that would reveal race, color, religion, gender, sexual orientation, national origin, citizenship, age, mental or physical disabilities, marital or veteran status or any other legally protected status.)

Professional Memberships and Affiliations:	
Organization/Group Name	Office Held
Organization/Group Name	Office Held
Organization/Group Name	Office Held

Professional and Trade Licenses/Certifications:

License/Certification

Issued by

Date

License/Certification

Issued by

Date

License/Certification

Issued by

Date

Professional References (Please do not include relatives, religious leaders or supervisors already listed on page 2.)

Name	Professional Relationship to You	Contact Number

Acknowledgement/Authorization

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, gender, sexual orientation, age, national origin, political affiliation, disability, ancestry, marital or veteran status or any other legally protected status.

I certify, to the best of my knowledge, that all information contained in this application is true, complete and correct. I understand this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that any material omission, misrepresentation or falsification of this information is ground for dismissal from or refusal of employment. **I further understand that if hired, Mansfield/Richland County Public Library can terminate my employment for any reason at any time, with or without cause or prior notice.**

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

I hereby authorize a background investigation of all information 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. If the position requires it, I authorize the Mansfield/Richland County Public Library to perform a credit check for bonding purposes. I understand that by giving consent to conduct a background check, validate my information or otherwise verify my employability, I am agreeing to hold harmless all individuals and entities who provide or receive information related to this check or verification. I acknowledge my willingness to indemnify all person and entities from any damages which may arise from receiving or providing information related to my application for employment.

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 above text.

Applicant Signature

Date

Completed applications can be returned to any M/RCPL location or mailed to the Business Office, 43 W Third St, Mansfield OH 44902.