

Carnegie Public Library
Employment/Job Application

PLEASE PRINT

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number: (_____) _____ Email Address: _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying?

YES [] NO []

If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization to work.)

Have you ever worked for the Library before? YES [] NO []

If yes, where? _____ When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Library? YES [] NO []

If yes, who and where do they work?

Have you ever been employed by another public employer in Ohio? YES [] NO []

If yes, please provide place and dates of employment.

Have you ever done any volunteer work? YES [] NO []

If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []

If you cannot work full time, please explain:

Days and Hours Available:

(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO []

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

From	To	Reason
Mo/Yr		
Mo/Yr		
Mo/Yr		

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO []

If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college:

(Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

EMPLOYMENT

Start with your current or most recent position

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	

Describe the Work Performed		
Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed		
Name of Employer		Telephone Number
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed	From Month/Day/Year	To Month/Day/Year
Describe the Work Performed		

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES

Give three references (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip)	Telephone Number
Street _____	

City_____State_____ Zip_____	
Name	Occupation
Full Address (Including Street, City, State & Zip) Street_____	Telephone Number
City_____State_____ Zip_____	
Name	Occupation
Full Address (Including Street, City, State & Zip) Street_____	Telephone Number
City_____State_____ Zip_____	

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

Do not write below this line

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____

CARNEGIE PUBLIC LIBRARY 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.

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

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

POSITION APPLIED FOR:

RACE/ETHNIC GROUP:

- Native American /Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Black
- White

SEX:

- Female
- Male

VIETNAM ERA VETERAN:

- Yes
- No

DISABLED VETERAN:

- Yes
- No

DO YOU HAVE A DIABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSILE 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.