

APPLICATION FOR EMPLOYMENT
Application must be MAILED to the Library.
No applications accepted unless by MAIL.

Dr. Samuel L. Bossard Memorial Library/Gallia County District Library
7 Spruce Street Gallipolis, Ohio 45631

The Dr. Samuel L. Bossard Memorial Library/Gallia County District Library is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, military or veteran status, disability, genetic information, or any other characteristic protected by law.

INTRODUCTORY INFORMATION

Name: _____ Date: _____
Last First Middle

Current Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Address where you may be contacted if different from present address:

Have you previously worked for the Library? Y N If yes, reason for leaving.

Are you related to any current Library employee? Y N If yes, who? _____

APPLICANT QUESTIONS

Position(s) desired: _____ Date Available to start: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Y or N

Are you 16 (sixteen) years of age or older? Y or N

Why are you interested in working for the Dr. Samuel L. Bossard Memorial Library/Gallia County District Library?

EDUCATION AND TRAINING

Please complete all questions in the high school section if still in school.

Name & Address of School: _____

Course of Study: _____ Number of Years completed: _____

Degree/Diploma: _____

Extracurricular Activities: _____

Grade Point Average: _____

Did you ever work in the school library? If yes, describe.

College or Technical School:

Name & Address of School: _____

Course of Study: _____ Number of Years completed: _____

Degree/Diploma: _____

Other Schooling or Training:

Name & Address of School: _____

Course of Study: _____ Number of Years completed: _____

Degree/Diploma: _____

SPECIAL SKILLS & TRAINING

In which computer programs do you feel you have proficiency?

Do you have any advanced training, licenses, foreign languages, continuing education, or special study experience that you think would be helpful in the position for which you are applying? Please list:

RECORD OF EMPLOYMENT:

List **all** positions starting with the most recent (use additional paper if necessary):

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Beginning Salary: _____ Ending Salary _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
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Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____
Beginning Salary: _____ Ending Salary _____
Duties: _____
Reason for Leaving: _____

May we contact your current employer? Y N

Is there any information we need about your name or use of another name to be able to check your work record?

WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you need accommodation in order to perform the essential functions of the position for which you are applying, please describe your need(s) in the space below.

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with the Dr. Samuel L. Bossard Memorial Library/Gallia County District Library is at-will, meaning that I or the Library may terminate my employment at any time, or for any reason, with or without cause.

I authorize the Library to conduct a thorough background investigation of my work and personal history, and verify all data given on this application, any resume I submit, and during interviews. I also give my consent to contact the Bureau of Motor Vehicles for the Moving Vehicle Violation Report if such information is required to perform the duties of the position. I hereby release the Library, and its representatives or agents, and hold them harmless from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them and hold them harmless from all liability for providing the requested information.

I understand this application is valid only for the position for which I have applied. I also understand that this application will be maintained on file for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application and any resume I submit are true to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ Date signed: _____
