



# ASHTABULA COUNTY DISTRICT LIBRARY

**Ashtabula, Geneva, and Bookmobile**

**4335 Park Avenue \* Ashtabula, OH 44004 \* 440-997-9341**

## EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment laws, qualified applicants are considered for positions without regard to race, color, creed, religion, gender, sexual orientation, national origin, citizenship status, disability, marital status, age, genetic information or any other legally protected status.

*IMPORTANT: Complete all sections. PLEASE PRINT in ink.*

### IDENTIFICATION

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

Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. (Voluntary) \_\_\_\_\_

Under 18? Yes \_\_\_ No \_\_\_ If under 18, can you provide proof of eligibility to work? Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment*      Yes \_\_\_ No \_\_\_

### GENERAL INFORMATION

Are you interested in full time work? \_\_\_\_\_ Part time work? \_\_\_\_\_

Can you work evenings, Saturdays & Sundays?      Yes \_\_\_ No \_\_\_

Do you possess a valid Ohio driver's license?      Yes \_\_\_ No \_\_\_

What types of jobs are you interested in?  
 \_\_\_ Professional Librarian      \_\_\_ Library Associate      \_\_\_ Library Assistant      \_\_\_ Library Page  
     (requires M.L.S. or M.S.L.S. degree)      \_\_\_ Secretarial      \_\_\_ Clerical      \_\_\_ Custodial

Other Please specify \_\_\_\_\_

## EDUCATION

TRAINING	CIRCLE HIGHEST YEAR COMPLETED	NAME AND CITY	DID YOU GRADUATE (circle one)	MAJOR SUBJECTS OR TYPES OF COURSES	GRADE POINT AVERAGE
High School	Years 9 10 11 12		Yes  No	  <hr/> If No, have you passed a GED test? YES _____ Date _____ NO _____	
Business Correspondence or Vocational School	No. of Months		Yes  No		
College or University	Years 1 2 3 4		Yes  No		
Graduate School	Years 1 2 3 4		Yes  No		
Other Courses or Special Training	No. of Months				

SPECIAL SKILLS (Include knowledge of Audio Visual Equipment, Word Processing, etc.)

Typing Speed \_\_\_\_\_ wpm

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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References, other than previous employers or relatives. Providing this information means that you give us permission to contact the references listed.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## PREVIOUS EMPLOYMENT

*Please start with most recent position first*

Place of Employment	Duties
Address	Reason for Leaving
Supervisor's Name	Date of Employment From _____ To _____
May we contact this employer ___ Yes ___ No	

Place of Employment	Duties
Address	Reason for Leaving
Supervisor's Name	Date of Employment From _____ To _____
May we contact this employer ___ Yes ___ No	

Place of Employment	Duties
Address	Reason for Leaving
Supervisor's Name	Date of Employment From _____ To _____
May we contact this employer ___ Yes ___ No	

**AGREEMENT**  
*Please read before signing*

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on the application or in the interview(s) may result in discharge. And that any offer of employment is contingent upon my ability to comply with the Immigration and Naturalization Service regulations establishing my identity and right to work in the United States.

In consideration of my employment, I agree to conform to the rules and regulations of the Ashtabula County District Library, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the library or myself. I understand that no supervisor or representative of the Ashtabula County District Library other than the Director with permission from the Board of Trustees of ACDL has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

This application shall be considered active for no more than 6 months. After that time, applicants will be required to resubmit a completed application.

Date \_\_\_\_\_

Signature \_\_\_\_\_

The ACDL is an Equal Opportunity Employer

Revised 10/24/2016  
Revised 02/28/2017  
Revised 05/02/2017