



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.

This application shall be considered active for no more than 3 months. After that time, applicants will be required to resubmit a completed application.

Complete all sections. Please print clearly, in ink.

Identification

Name: Last _____ First _____

Street Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____ Email Address: _____

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?

Yes ___ No ___ *Proof of citizenship or immigration status will be required upon employment.*

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?

Library Assistant _____ Professional Librarian _____ (*requires M.L.S. or M.L.I.S degree*)

Library Associate _____ Maintenance _____ Other (please specify): _____

Education

Training	Years Completed	Institution Name & City	GPA	Major Subjects or Types of Courses	Did you graduate?
High School	Years 9 10 11 12				
Business Correspondence or Vocational School	No. of Months _____				
College or University	Years 1 2 3 4				
Graduate School	Years 1 2 3 4				
Other Courses or Special Training or General Education Development (GED)	No. of Months _____				

List any special skills (*include knowledge of computers, software and programs, etc*).

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

Describe any job-related training received in the U.S. Military.

References, other than previous employers or relatives.

Providing this information means that you give us permission to contact the references listed.

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

Previous Experience

Please start with the most recent position first.

Place of Employment	Reason for Leaving
Address & Phone Number	Date of Employment From _____ to _____
Supervisor's Name	May we contact this employer?
Duties	

Place of Employment	Reason for Leaving
Address & Phone Number	Date of Employment From _____ to _____
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Place of Employment	Reason for Leaving
Address & Phone Number	Date of Employment From _____ to _____
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Agreement

Please read before signing

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Ashtabula County District Library (ACDL) 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.

Date _____ Signature _____

ACDL is an Equal Opportunity Employer

Ashtabula Public Library
4335 Park Ave
Ashtabula, OH 44004
440-997-9341



Geneva Public Library
860 Sherman St
Geneva, OH 44041
440-466-4521

www.acdl.info | AskUs@acdl.info