

THE LIBRARY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF THE WADSWORTH PUBLIC LIBRARY TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, VETERAN STATUS, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

WADSWORTH
Ella M. Everhard
Public Library



132 Broad Street, Wadsworth, OH 44281-1897
330-334-5761 ♦ www.wadsworthlibrary.com

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE (3) MONTHS UPON SIGNING.

APPLICATION FOR EMPLOYMENT

When completing this application, do not leave any questions blank.
Do not substitute "see resume" for any requested information.
Complete one application for every job for which you are applying.

Social Security #

Are you 18 years of age or older? Yes No

Please print clearly...

P E R S O N A L	Last Name		First Name		Middle	Today's Date / /		
	Street Address					Home Phone ()		
	City, State, Zip					Business Phone ()		
	E-mail Address					Cell Phone ()		
	Position you are applying for					Pay Expected		
	Availability		Part time # _____ of hours per week		Days available:		Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	
			Full time (38 hours per week) <input type="checkbox"/>					
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					What date are you available to start work?		
	Have you been convicted of a felony or misdemeanor (other than traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," please explain:					NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.		
	State names of relatives and friends working for us.							

E D U C A T I O N	School	Name & Location of School	Course of Study	# of years completed?	Did you graduate?	Degree/Diploma?
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.						

The mission of the Wadsworth Ella M. Everhard Public Library is to be our community's preferred provider of information in a welcoming environment.

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

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Name of Employer	Telephone # ()
Address	Employed (State month & year) From To
Name of Supervisor May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly pay Start Last
State Job Title & Describe Your Work	Reason for Leaving

Name of Employer	Telephone # ()
Address	Employed (State month & year) From To
Name of Supervisor May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly pay Start Last
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State Job Title & Describe Your Work	Reason for Leaving

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Did you serve in the U. S. Armed Forces? Yes No If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations
 (Exclude those which may disclose your race, color, religion or national origin)

RECOGNITIONS

Please list publications, awards, and honors.

SKILLS

Other than English, are you fluent in any language? Yes No If Yes, please list:

In which computer programs do you feel you have proficiency?

Do you have any other advanced training, continuing education or special study experience that you think would be helpful in the position for which you are applying? Yes No If Yes, please list:

Clerical Skills

- | | | | | |
|---------------------------------|--|---|---|---------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Word processing | <input type="checkbox"/> Accounting | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Copy Machine |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Office machines | <input type="checkbox"/> Public relations | <input type="checkbox"/> Desktop Publishing | |

REFERENCES

Name	Relationship	Years known	Telephone # ()
Street Address		City, State, Zip	
Name	Relationship	Years known	Telephone # ()
Street Address		City, State, Zip	
Name	Relationship	Years known	Telephone # ()
Street Address		City, State, Zip	

Applicant's Certification and Agreement

"I understand and agree that, if I am employed by the Library, my employment and/or compensation is entirely 'at will,' which means neither are guaranteed for any definite period of time, and that my employment and/or compensation can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Library or myself. I understand and agree that the Library reserves the right to establish and change any of the terms and conditions of my employment at its discretion at anytime as it deems appropriate. I understand and agree that if any previous agreements between any Library representative and myself have been made, they are superseded by the contents of this Agreement. I understand and agree that no representative of the Library, other than the Director or the Board of Trustees as a whole, have any authority to enter into any agreement with me or provide me with any assurances relating to my employment with the Library, including any agreements or assurances regarding the duration of my employment for any indefinite or specified period of time or to make any agreement with me or provide me with any assurances contrary to the foregoing, except that the above-mentioned officials of the Library may do so in writing.

I authorize the investigation of any and all of my background, qualifications and/or any other information from whomever the Library deems appropriate or desires, as I also authorize the release of any and all information by whomever the Library deems appropriate or desires. I also release all parties from all liability for any damage that my result from furnishing this information to the Library. This release extends to all information deemed appropriate to be released by any requesting and/or releasing party, personal or otherwise, as well as to the Library itself, should it find it necessary at any time to release any information regarding myself, my employment record, or my employment status to any individual or organization.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Library at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Library. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from any and all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

"I agree that any claim or lawsuit relating to my service with Wadsworth Public Library must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

If you are hired, this employment application will become part of your official employment record.

Signature

Date

Library Hours

Monday-Thursday	10 am - 8 pm
Friday	10 am - 5 pm
Saturday	Noon - 5 pm
Sunday (October through April)	1 - 5 pm

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