

**CARNEGIE PUBLIC LIBRARY  
APPLICATION FOR EMPLOYMENT**

Applicants may request reasonable accommodation in the application/interview process.

**PLEASE PRINT**

Name: _____			
LAST	FIRST	MIDDLE	
Address: _____			
STREET	CITY	STATE	ZIP CODE
Telephone: _____		Social Security Number: _____	
Application Date: _____		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service: _____	
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No _____			

**PERSONAL DATA**

Position(s) desired: \_\_\_\_\_ FULL-TIME  PART-TIME

Date available to start? \_\_\_\_\_

Have you previously applied for a job with the Library?  Yes  No When: \_\_\_\_\_

Have you ever been employed by the Library?  Yes  No When: \_\_\_\_\_

What was the reason for leaving? \_\_\_\_\_

Are you related to anyone employed by the Library?  Yes  No

State name and relationship: \_\_\_\_\_

Do you have any time commitments that might interfere with your employment?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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 been dismissed from or asked to resign from any employment position?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?  Yes  No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to perform the job function of the position for which you are applying with or without reasonable accommodation?  Yes  No

If no, what type of accommodations is needed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the job posting listed a driver's license or commercial driver's license for the job, please answer the following:

Do you have a valid Ohio driver's license?

Yes  No

Do you presently have or are you able to obtain a valid Ohio commercial driver's license?

Yes  No

Has your driver's license been suspended or revoked within the last three (3) years?

Yes  No

Have you any traffic violations in the past three (3) years?

Yes  No

If yes, please list:

OFFENSE

APPROXIMATE DATE/YEAR

_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer for a reference?

Yes  No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) you are applying:

\_\_\_\_\_

\_\_\_\_\_

List professional organization memberships and offices held, **excluding** those which would indicate race, color, religion, sex age national origin, political affiliation, disability and/or ancestry:

\_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

### EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position first – including U.S. Military Service. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

### REFERENCES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

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Applicants for employment with the Library are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

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**CERTIFICATION**

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my pervious employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position.

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APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Applicants must submit a new application for consideration for a new position.

<b>FOR INTERNAL USE ONLY</b>	
ARRANGE INTERVIEW:	YES <input type="checkbox"/> NO <input type="checkbox"/>
REMARKS: _____	
_____	
_____	
_____	
_____	
_____ INTERVIEWER'S SIGNATURE	
DATE _____	
EMPLOYED: YES <input type="checkbox"/> NO <input type="checkbox"/>	STARTING DATE: _____ STARING RATE: _____
JOB TITLE: _____	

# 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.**