



## APPLICATION FOR EMPLOYMENT

**Even if you are submitting supplemental information with your application, all information on this Weston Public Library Application for Employment must be complete.**

Weston Public Library is an equal opportunity employer and employment decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

Weston Public Library may perform criminal background checks on prospective employees.

### Personal Information

Name

Last	First	Middle	Alias
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Mailing Address

Street Address	P.O. Box	City	State	Zip Code
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Phone Number

Primary	Alternate
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Email Address

Do you have the legal right to live and work in the U.S.?  Yes,  No

*Proof of citizenship or immigration status will be required upon employment.*

Are you 18 years of age or older?  Yes  No

Emergency Contact Information

Name	Phone
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**Employment Desired**  Part Time  Full Time

Position \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Do you have prior public service employment?  Yes  No

Have you applied to Weston Public Library Before?  Yes  No

List any family members currently employed by Weston Public Library:

Name

Relationship

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Can you travel if the job requires it?

Yes

No

*If you become employed by Weston Public Library, your earnings will not be covered under Social Security, as Weston Public Library participates in the Ohio Public Employees Retirement System. When you retire, or if you become disabled, you may receive a pension based on earnings from your employment with Weston Public Library.*

#### **Education**

Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

Name and Location of School (City/State)	Highest Level Completed	Did you Graduate?	Field of Study
High School or GED Courses			
Colleges or Trade School			
Graduate or Business School			

List computer software in which you have skills, including word processing, spreadsheets and database programs: \_\_\_\_\_

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List special clerical skills: \_\_\_\_\_

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### **Personal References**

Persons who have known you for at least one year. Do not include relatives.

Name	Address	Telephone	Years Known

### **Employment History**

Are you currently employed?  Yes, Full Time  Yes Part-Time  No

**Beginning with your most recent, list below present and any past employment within the past 15 years (do not omit employers in history). All sections must be completed for each employer. Include additional Employment History sheets if needed.**

Business	Hire Date	<input type="checkbox"/> Full Time
Address	Ending Date	<input type="checkbox"/> Part Time
Type of Business	Position Held	<input type="checkbox"/> Temporary
Telephone	Is this a supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving

Last Supervisor's Name	Describe Job Duties	

Business	Hire Date	<input type="checkbox"/> Full Time
Address	Ending Date	<input type="checkbox"/> Part Time
Type of Business	Position Held	<input type="checkbox"/> Temporary
Telephone	Is this a supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Last Supervisor's Name	Describe Job Duties	

Business	Hire Date	<input type="checkbox"/> Full Time
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Type of Business	Position Held	<input type="checkbox"/> Temporary
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Address	Ending Date	<input type="checkbox"/> Part Time
Type of Business	Position Held	<input type="checkbox"/> Temporary
Telephone	Is this a supervisory Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Last Supervisor's Name	Describe Job Duties	

## **Summary of Qualifications**

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying.

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## **Release and Authorization**

### **READ CAREFULLY BEFORE SIGNING**

Initial each statement in the line provided. All lines must be initialied for application to be considered.

I certify that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation.

I understand that false statements or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.

I authorize Weston Public Library, to obtain copies of my work record and educational history from my former employers and/or educational institutions.

I authorize Weston Public Library to obtain an abstract of my driver's license record, as well as any prior criminal convictions as it relates to the position for which I am applying.

I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to Weston Public Library.

I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and other applicable laws. I further understand that my social security number must be provided upon employment.

I understand that a post- employment drug screening may be required.

In consideration of the Weston Public Library's review of my application, I agree that any claim or lawsuit arising out of my employment with, or application for employment with Weston Public Library, its officials, employees, and boards must be filed no more than six months after the date of the employment action that is subject of the claim or lawsuit. While I understand that the statue of limitations for limitation set forth herein, and I **WAVE ANY**

**STATUTE OF LIMITATIONS TO THE CONTRARY.** Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it is brought within the minimum reasonable time within which the suit should have been commenced.

\_\_\_\_\_ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.

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(Applicant's Signature)

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(Date)

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(Received By)

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(Date)

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(Interviewed By)

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(Date)

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(Interviewed By)

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(Date)

