

Application for Employment
Canal Fulton Public Library
154 Market St E
Canal Fulton, Ohio 44614
330-854-4148

Canal Fulton Public Library is an Equal Employment Opportunity employer. It is the philosophy, intent, and commitment of the Library to adhere to a policy of equal employment without regard to race, color, religion, sex, age, ancestry, national origin, veteran status, mental or physical disability or any other status protected by law.

Personal Information

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

This employment application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Telephone#: _____

Address: _____ Dates employed: from ____ to ____

Immediate supervisor /title: _____ May we contact? Yes No

Job Title: _____ Salary: _____

Job Duties: _____ Reason for leaving: _____

Employer: _____ Telephone#: _____

Address: _____ Dates employed: from ____ to ____

Immediate supervisor /title: _____ May we contact? Yes No

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Immediate supervisor /title: _____ May we contact? Yes No

Job Title: _____ Salary: _____

Job Duties: _____ Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High school: _____

College: _____

Technical Training: _____

Other: _____

References

Provide 3 references other than relatives

Name: _____ Phone: _____

Address: _____ Years known: _____

How do you know this person? (Former co-worker, professor, etc.) _____

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Address: _____ Years known: _____

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Name: _____ Phone: _____

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How do you know this person? (Former co-worker, professor, etc.) _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____