

# PIQUA PUBLIC LIBRARY

**116 WEST HIGH STREET PIQUA, OH 45356**

**PHONE: 937-773-6753 FAX: 937-773-5981**

**EMAIL: ODAJA@OPLIN.ORG**

## APPLICATION FOR EMPLOYMENT

A completed application is required for each job opening. Resumes will *not* be accepted as a substitute for a completed application.  
Please type or print clearly in ink.

### Personal Information

NAME:	Last	First	Middle	Social Security No.
PRESENT ADDRESS:	Street / Apt.#	City	State	Zip Code
PHONE NUMBERS:	Home	Work	Other	
Are you under 18 years of age? If Yes, can you submit a work permit if employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		If employed, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Employment Desired

Position	How did you learn about this position?
Employment desired: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Substitute <input type="checkbox"/> Temporary	Available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Date available to work:	
May we contact your present employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously employed by Library? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you safely perform all the essential functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe accommodations needed, if any: _____	
Do any of your relatives work for the library? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please give their name and department: _____

### Educational Background

School Type	Name and Location of Institution	Circle Last Year	Major Course of Study	Dates	Degree
High School		9 10 11 12			
College		1 2 3 4			
Graduate School		1 2 3 4			
Technical or Trade School		1 2 3 4			
Related Certificates or Licenses:					
Seminars or Other Training:					

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**Employment History**

Begin with most recent employer; attach additional sheets if necessary.

Employer Name		Type of Business		Business Phone	
Street		City		State	
Address				Zip Code	
Position Held		Hours per week	Ending Salary		Employment Dates From: To:
Names and Title of Supervisor			Reason for Leaving		
Duties:					
Employer Name		Type of Business		Business Phone	
Street		City		State	
Address				Zip Code	
Position Held		Hours per week	Ending Salary		Employment Dates From: To:
Names and Title of Supervisor			Reason for Leaving		
Duties:					
Employer Name		Type of Business		Business Phone	
Street		City		State	
Address				Zip Code	
Position Held		Hours per week	Ending Salary		Employment Dates From: To:
Names and Title of Supervisor			Reason for Leaving		
Duties:					
Employer Name		Type of Business		Business Phone	
Street		City		State	
Address				Zip Code	
Position Held		Hours per week	Ending Salary		Employment Dates From: To:
Names and Title of Supervisor			Reason for Leaving		
Duties:					
Explain any periods of unemployment					

Other than minor traffic violations, have you ever been convicted of a crime (this includes drink, negligent or reckless driving)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation for YES answer
Have you ever been convicted of any crime against persons within the last ten years? If so, please specify the crime(s), date of conviction, and place of conviction.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged or requested or forced to resign from any position because of misconduct or unsatisfactory service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Special Job-Related Skills and Qualifications**

List any office machines, equipment or computer programs related to the position you are applying for that you are qualified to operate:

Rate your keyboarding (typing) skills:     None         Beginner         Intermediate         Highly proficient

Relate any additional information that more fully conveys your qualifications:

Other than English, list other languages you speak fluently:

**References (do not include relatives)**

Name and Occupation	Address	Telephone Numbers
		Home: Work:
		Home: Work:
		Home: Work:

Please indicate any other name used during employment or while in school:

**Applicant's Certification and Agreement**

Please read before signing.

I hereby certify that all information in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the library. I authorize the references listed above to provide the library any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to the library as well as from the use or disclosure of such information by the library or any of its agents, employees or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of applicant's identity and legal authority to work in the U.S. Offers of employment are also conditioned on the library's receipt of satisfactory responses of reference requests and a criminal background check, when required.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Piqua Public Library is an equal opportunity employer and does not discriminate on the basis of race, color, gender, age, national origin, marital status, or the presence of any sensory, physical, or mental disability, or the use of any trained guide or service dog by a disabled person.

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## EQUAL EMPLOYMENT OPPORTUNITY DATA Voluntary Optional Information

To be completed by Applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by the library.

NAME (optional) \_\_\_\_\_

SEX  Male  Female

AGE  Under age 40  Over age 40

RACE/ETHNICITY  American Indian / Alaskan Native

Asian / Pacific Islander

Black

Hispanic

White

Other

OTHER  Vietnam Era Veteran

Disabled Veteran

Individual with a Disability

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