



101 S. Vine St.  
Pataskala, OH 43062  
740-927-9986  
pataskalalibrary.org

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date Available to Work: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
Full-Time Part-Time Temporary

Are you available to work: \_\_\_\_\_  
Mornings Afternoons & Evenings Saturdays

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: \_\_\_\_\_  
YES NO

Have you lived outside of the state of Ohio in the past five (5) years?

If you are under 18, can you obtain and furnish the required permit? YES NO  
It is Library policy not to hire any individual under the age of 16.

Have you ever worked for Pataskala Public Library? YES NO If yes, when? \_\_\_\_\_

Have you ever filed an application with us before? YES NO If yes, when? \_\_\_\_\_

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
 Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?  
 \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 YES NO  
 May we contact your previous supervisor for a reference?  
 \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Skills and Qualifications

Summarize any special training, skills, technological skills, licenses and/or certificates that may qualify you to perform the essential job duties for the position for which you are applying.

### Additional Information

List professional, trade, business or civic associations, and offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Please explain why you are interested in working for the Pataskala Public Library, as well as list any other information you would like us to consider.

## Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that the Ohio Revised Code or Federal Law may disqualify an individual with a particular criminal history from employment in a particular position.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to comply with all employment rules and regulations of the Library; I agree to work in any agency where assigned and to substitute in other agencies of the Library as may be required. I also understand that I may be required to work evenings and weekend hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants under age 18 must obtain the signature of a parent or guardian.

It is with my approval that my son/daughter makes an application for employment with the Pataskala Public Library.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Police Record Check Authorization Form

All applicants under final consideration for employment with the Pataskala Public Library are required to have a Bureau of Criminal Identification and Investigation (BCI&I) fingerprint check completed. If such applicant has lived outside the State of Ohio at any time during the past five years, he/she will also be required to have a Federal Bureau of Investigation (FBI) fingerprint check completed. Library policy forbids the hiring of, or continued employment of, any individual who has an unacceptable police record. If an employee is charged or convicted of any offense during employment with Pataskala Public Library, he/she is required to report it in writing to the Director immediately. A conviction will not automatically bar an applicant from employment or an employee from continued employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. The final determination as to whether or not a conviction is unacceptable will be at the discretion of the Director/designee.

I certify that personal identifiers provided to secure the police record check are accurate and I voluntarily and knowingly authorize Pataskala Public Library to submit information to the BCI&I to conduct a criminal records' check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest and conviction and juvenile delinquent adjudicated records to Pataskala Public Library. I voluntarily and knowingly release and discharge the Ohio Attorney's General's Office, BCI&I, and their employees from all claims and liability related to this authorized criminal record review and dissemination.

If hired I understand that this authorization will remain in my personnel file and will serve as ongoing authorization for Pataskala Public Library to procure related information at any time during my employment. Further I understand that an unacceptable police record, or failure to immediately report a conviction, may be grounds for ineligibility for hire and/or for continued employment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_