

Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to complete the application and/or interview process should contact Human Resources.

| Position applying for | | Today's Date | | | |
|--------------------------------|---------------------------------------|--------------------------|---------------------|----------------|--|
| Name | | _Email | | | |
| Address | | City | St | Zip | |
| Phone | Alternate | | Best time to call _ | | |
| How did you learn of this po | osition? | | | | |
| | | | | | |
| Library Website | NEO Website | Employee | | | |
| On-site Posting | OPLIN | Other | | | |
| Ohio Means Jobs | | | | | |
| Have you worked for PCML | in the past? Yes No | If yes, please list d | ates | _to | |
| If under 18, can you provide | e a work permit? Yes No | Date you are available | e to start work | | |
| Are you legally eligible to w | ork in the United States without v | risa sponsorship? Yes _ | _ No_ (proof red | uired at hire) | |
| Are you able to work overti | me if required? Yes No | Will you travel if the j | ob requires it? _ ' | Yes No | |
| Please list any schedule limi | tations | | | | |
| | | | | | |
| • | rial Public Library employ any of you | • | ı related to any P | erry | |
| | ry Board member? | | | | |
| If yes, please list that perso | n's name and relationship to you. | | | | |
| Name | | Rela | tionship | | |

PCML Application 3/2018

Starting with your most recent employer, please provide the following information: **Employment History Employer** Phone Address City State Zip Dates Employed: Job Title **Ending Salary** Immediate Supervisor's Name & Title Phone Why did you leave? May we contact for reference? Yes No Later Type of work performed/duties What did you like most about the position? What did you like least about the position? **Employer** Phone Address City State Zip Dates Employed: Job Title **Ending Salary** Phone Immediate Supervisor's Name & Title Why did you leave? May we contact for reference? Yes No Later Type of work performed/duties What did you like most about the position? What did you like least about the position? **Employer** Phone Address City State Zip Dates Employed: Job Title **Ending Salary** Phone Immediate Supervisor's Name & Title Why did you leave? May we contact for reference? Yes No Later Type of work performed/duties What did you like most about the position?

PCML Application 3/2018

What did you like least about the position?

Educational Background Starting with the most recent school you attended.

| School (include City and State) | Years | Degree | Major |
|--|---------------------------------------|---------------------------|---------------------|
| | | Diploma GED | |
| | | Degree | _ |
| | | Certification Other | = |
| | | | = |
| | | Diploma GED Degree | |
| | | Certification | |
| | | Other | _ |
| | | Diploma GED | |
| | | Degree | _ |
| | | Certification | _ |
| | | Other Diploma GED | _ |
| | | Degree | |
| | | Certification | |
| | | Other | |
| osition for which you are applying: | | | |
| | | | |
| Computer Skills | | | |
| re you proficient with Information Management Tools, s | such as Windo | ows and Microsoft Office? | YesNo |
| ist any integrated Library systems and databases used: _ | | | |
| | | | |
| | | | |
| | | | |
| rofessional Affiliations, Certifications and Licensures (Exclu tizenship, age, mental or physical disabilities, veteran/reserve, National Guar | · · · · · · · · · · · · · · · · · · · | _ | k, national origin, |
| Professional Memberships and Affiliations: | | | |
| Organization/Group Name | | Office Held | |
| Organization/Group Name | | Office Held | |
| Organization/Group Name | | Office Held | |

PCML Application 3/2018

| Professional and Trade Licenses/Certif | ications: | | | |
|--|---|-----------------------------------|--|---|
| License/Certification | | Issued By | | Date |
| License/Certification | | Issued By | | Date |
| License/Certification | | Issued By | | Date |
| Professional References | | | | |
| Name | | nail dress | Professional Relationship to You | Contact Number |
| | | | | |
| | | | | |
| | | | | |
| | | | - | |
| | Acknowle | edgement/Aut | horization | |
| Applicants for employment with the individual merit and ability with resconsideration of race, color, religion | pect to the positi | on being filled. | Applicants are selected and h | hired without |
| I certify, to the best of my knowleds understand this application does no definite duration. I understand that ground for dismissal from or refusa | ot constitute an a any material om | greement or co ission, misrepr | ontract for employment for ar | ny specified period or |
| I understand that if I am hired, I wil United States. I also understand and either party with or without notice, at | acknowledge that | any employmen | | |
| I hereby authorize a background invocentact all or any of my previous endocument. If the position requires i bonding purposes. I indemnify and pursuant to this application. | nployers, referen t, I authorize the | ces and/or sch Perry Cook Me | ools for information unless ot morial Public Library to perfo | cherwise noted in this orm a credit check for |
| DO NOT SIGN UNTIL YOU HAVE REAL I certify that I have read, fully under | | | | |
| Applicant Signature | | | Date | |
| Completed applications can be retu | urned to PCML vi | a United State | s mail (7406 County Rd 242, N | Mount Gilead, OH 43338 |
| or e-mail (jeng@perrycooklibrary.c | org). | | | |

PCML Application 3/2018



APPLICANT OPTIONAL VOLUNTARY QUESTIONNAIRE for SELF-IDENTIFICATION of RACE/ETHNICITY and VETERAN STATUS

Ohio Fair Employment Practices Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, ancestry or age.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility and will only be used to assist with our reporting obligations and hiring statistics. **Completion of this form is optional.**

| POSITION APPLIED FOR: | | |
|-----------------------|--|--|
| Section 1: Ple | ease check one of the options below: | |
| = | Male Female I prefer not to answer. | |
| Section 2: Rad | ce/Ethnicity Please check one of the options below: | |
| | Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race. | |
| | White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa. | |
| | Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa. | |
| | Native Hawaiian or Other Pacific Islander (<i>Not Hispanic or Latino</i>) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. | |
| | Asian (<i>Not Hispanic or Latino</i>) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, china, India, japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. | |
| | American Indian or Alaska Native (Not Hispanic or Latino) a person having origins in any of the original peoples of North and south America (including Central America) and who maintains tribal affiliation or community attachment. | |
| | Two or more races (Not Hispanic or Latino) all person who identify with more than one of the above five races. | |
| | I prefer not to answer. | |

Section 3: Veteran's Status

Are you a veteran of the United States Military Armed Forces?

| I pre | fer not to answer. |
|--------------|--|
| No Yes | |
| | s, are you a Protected Veteran? A veteran who may be classified as a Disabled Veteran, Recently Separated Veteran, Active Duty Wartime or Campaign Badge Veteran or Armed Forces Service Medal Veteran. |
| | Disabled Veteran A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability. |
| | Recently Separated Veteran Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service. |
| | Active Duty Wartime or Campaign Badge Veteran A veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. |
| | Armed Forces Service Medal Veteran A veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. |
| | I am not a Protected Veteran. |
| | I prefer not to answer. |
| REFERRED BY: | |
| | Job posting: Library Bulletin Board Library Website Ohio Means Jobs/ODJFS Other (please specify): |
| | Current PCML employee: |

Thank you for completing this form.