

APPLICATION FOR EMPLOYMENT



MARION PUBLIC LIBRARY
445 E. CHURCH STREET
MARION, OHIO 43302

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

Last First Middle
(Use Name as Shown on Social Security Records)

PRESENT ADDRESS _____
No. Street City State Zip

E-MAIL ADDRESS _____ PHONE _____

CIRCLE HIGHEST YEAR COMPLETED	NAME OF SCHOOL OR COLLEGE	DATES ATTENDED	MAJOR	MINOR	DEGREE CONFERRED
HIGH SCHOOL		9 10 11 12			
COLLEGE		13 14 15 16 17 18			

OTHER _____

Full or part-time work wanted: Full ___ Part-time ___ Ability to type: Yes ___ No ___ Words per minute (estimate) _____

Are you applying for a specific job? _____

Have you previously applied for a job with the Marion Public Library? Yes ___ No ___ When? _____

Have you ever been employed at the Marion Public Library? Yes ___ No ___ When? _____

Reason for leaving _____

Are you related to anyone employed by the Marion Public Library? Yes ___ No ___ State name and relationship _____

If the position requires travel, can you supply your own transportation? Yes ___ No ___

May we contact your present employer? Yes ___ No ___ May we contact your past employers? Yes ___ No ___

INSTRUCTIONS: On the back of this page, please list your past work experience beginning with your most recent employment. Account for all periods including schooling, unemployment and military service. You may submit a resume in addition to completing this section.

DATES (month/year)	NAME AND ADDRESS OF EMPLOYER	JOB TITLE	MAJOR DUTIES	SUPERVISOR NAME	PHONE NO.	REASON FOR LEAVING

PLEASE LIST AS REFERENCES THREE PERSONS WHO KNOW YOU AND ARE NOT RELATIVES:

Name	Address	Phone	Years Known

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Applicant's Signature

Date