

PICKERINGTON PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

PICKERINGTON PUBLIC LIBRARY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF THE PICKERINGTON PUBLIC LIBRARY TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, ANCESTRY, NATIONAL ORIGIN, VETERAN STATUS, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute "see resume" for any requested information.

THIS APPLICATION WILL REMAIN ACTIVE FOR SIX (6) MONTHS UPON SIGNING.

PERSONAL DATA

Last Name	First	Middle	Date
Street Address		Home Phone	
City, State, Zip		Business Phone	
Are you 18 years or older?		Social Security No. 	
Position Desired		Salary Desired	
Are you currently employed?		Are you currently on "lay-off" status and subject to recall?	
When would you be able to begin work?	Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
Are you legally eligible for employment in the United States?		Are you available to work evenings and weekends?	
Have you been convicted of a felony or misdemeanor (other than traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes explain:		NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered.	
How did you learn of Pickerington Public Library?		Are you related to anyone employed at PPL?	

EMPLOYMENT HISTORY (List most recent employer first)

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Annual Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:

EDUCATION

	High School	College/University	Graduate/Professional
School Name, Address and Phone Number			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			
Honors Received			

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.

SPECIAL SKILLS AND TRAINING

Other than English, are you fluent in any language? Please List::
In which computer programs do you feel you have proficiency?
Do you have any other advanced training, continuing education or special study experience that you think would be helpful in the position for which you are applying? Please list:

REFERENCES

Name	Relationship	Years Known	Telephone Number

May we contact your current employer?

APPLICANT'S AGREEMENT

"I understand and agree that, if I am employed by the Pickerington Public Library (PPL), my employment is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the PPL or myself. I understand and agree that the Pickerington Public Library reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my schedule and my compensation, at its discretion at anytime with or without notice. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements between any Pickerington Public Library representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the Pickerington Public Library, other than the Library Director, the President of the Board, or the Board of Trustees as a whole, have any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with the library, except that the above-mentioned officials of the library may do so in writing, although the terms of that Agreement cannot contradict the contents of this one. The terms of this Agreement will supersede all others.

I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize the Pickerington Public Library to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone the Pickerington Public Library contacts as part of its investigation to release any information they have regarding me or my employment to the PPL or its representatives. Further, I authorize the Pickerington Public Library to release the results of any background checks conducted on me for business reasons to whomever it deems appropriate. I also release all parties from all liability for any damage that may result from either releasing or furnishing this information on me for business reasons to whomever they deem appropriate.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Pickerington Public Library at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the PPL. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the library to release the results of these tests to whomever it deems appropriate for business reasons where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

“I agree that any claim or lawsuit relating to my service with Pickerington Public Library or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.”

If you are hired, this employment application will become part of your official employment record.

APPLICANT'S SIGNATURE

Date

