

**MEIGS COUNTY DISTRICT PUBLIC LIBRARY (MCDPL)
APPLICATION FOR EMPLOYMENT**

MEIGS COUNTY DISTRICT PUBLIC LIBRARY (MCDPL) IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF MCDPL 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. Complete one application for every job for which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE (3) 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"/> Shift Work <input type="checkbox"/> Temporary			
Are you legally eligible for employment in the United States?		If necessary, are you available to work overtime?		
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 MCDPL ?		Are you related to anyone employed at MCDPL?		

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?

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:

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand and agree that, if I am employed by the Meigs County District Public Library (MCDPL), my employment and/or compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment and/or compensation 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 MCDPL or myself. I understand and agree that the MCDPL reserves the right to establish and change any of the terms and conditions of my employment at its discretion at anytime as it deems appropriate. I understand and agree that if any previous agreements between any MCDPL representative and myself have been made, they are superseded by the contents of this Agreement. I understand and agree that no representative of the library, other than the Director or the Board of Trustees as a whole, have any authority to enter into any agreement with me relating to my employment with the Meigs County District Public Library, or for the duration of my employment for any indefinite or specified period of time or to make any agreement with me contrary to the foregoing.

I authorize the investigation of any and all of my background, qualifications and/or any other information from whomever the MCDPL deems appropriate or desires, as I also authorize the release of any and all information by whomever MCDPL deems appropriate or desires. I also release all parties from all liability for any damage that may result from furnishing this information to the Meigs County District Public Library. This release extends to all information deemed appropriate to be released by any requesting and/or releasing party, personal or otherwise, as well as to the MCDPL itself, should it find it necessary at any time to release any information regarding myself, my employment record, or my employment status to any individual or organization the Library deems worthy of receiving such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the MCDPL 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 Library. 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. I hereby release all persons or companies conducting such examinations from any and all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding 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 therein.

APPLICANT'S SIGNATURE

DATE