

Return this application to:
Marysville Public Library
Attn: Cindy Crawford
231 S. Plum St.
Marysville, OH 43040
PHONE: 937-642-1876 X23 FAX: 937-642-3457
ccrawford@marysvillelib.org



APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Current Address: _____ Phone: _____
Street City State Zip

E-mail: _____ Are you under 18 years of age: Yes No If yes, birthdate _____

Are you legally permitted to work in the United States? Yes No

Position(s) desired: _____ Full-time Part-time Either

Location: Prefer Marysville Main only Prefer Raymond Branch only Either

Place an X in box for hrs when you are available.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Mornings							
Afternoons							
Evenings							

Date available to start? _____

Have you ever been employed by Marysville Public Library? Yes No When? _____

Reason for leaving? _____

Do you have any time commitments that might interfere with your employment? Yes No

If yes, please explain (_____
(Include extra-curricular activities for students))

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain: _____

Why are you interested in working for Marysville Public Library? _____

Why do you feel qualified for the position(s) for which you are applying? _____

EDUCATION

HIGH SCHOOL: If current student your Grade ____ School Name _____ Did you graduate? Yes No GED

COLLEGE: _____ Years completed: ____ Degree _____ Major _____

GRADUATE SCHOOL: _____ Years completed: ____ Degree _____ Major _____

SPECIAL TRAINING/MILITARY SERVICE

Please list information about any special training you have received or military service experience which you feel would be relevant to employment at the Library. _____

EMPLOYMENT DATA

Give past employment record as completely as possible starting with most recent employer.

CURRENT OR MOST RECENT EMPLOYER		Telephone
Address		
Dates Employed From	To	Position(s) Held Supervisor/Title
Job Duties		
Why do you wish to leave your present employer?		
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PREVIOUS EMPLOYER		Telephone
Address		
Dates Employed From	To	Position(s) Held Supervisor/Title
Job Duties		
Reason for Leaving		

ADDITIONAL INFORMATION

Please list any School Activities, Volunteer Positions, Community Involvement, or other Opportunities that may include experience for the position applied for.

Activity/Organization	Responsibilities
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REFERENCES

Please list three individuals, other than relatives, whom we may contact for a recommendation. **For High School Students include one teacher** as a reference.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

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 indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Applicant's Signature

Date