APPLICATION FOR EMPLOYMENT THE PUBLIC LIBRARY OF STEUBENVILLE & JEFFERSON COUNTIES

The Public Library of Steubenville & Jefferson Counties is an equal employment opportunity employer. It complies with the Civil Rights Act, the Americans With Disabilities Act and other legislation which prohibits discrimination in employment because of race, color, sex, religion, national origin, age, physical and mental disability, genetic information and veteran's status. Any applicant, who feels that he or she has been discriminated against in some manner, is encouraged to report the incident immediately to the Director of Libraries.

Instructions: Your interest in employment with our library is appreciated. This application is the initial step in the hiring process. It helps the library assess your qualifications, work history, experience and training. You must complete this application in full, and sign it to be considered for employment. If you have a resume, you may attach it to this form; however, you must still complete this application. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back. Please write legibly. If you need assistance completing this form because of a disability, please request that the Director of Libraries provide someone to assist, or you may request that we consider some other reasonable accommodation.

Information About You

Name:					
Last	Middle		Firs	t	
() Home Phone Number	() - @ @ E-mail Address		mail Address		
Current Home Address:Number	Street	City	State	Zip Code	
Are you over 18 years old? Yes:	No:				
Do you have secondary employment	that will continue if you ar	e hired by the l	ibrary? Yes:	No:	
If yes, list the nature of the secondary	y employment:				
Are you eligible for employment in the	ne United States? Yes:	No:	identification	u'll be required to provide prope a & verification of your eligibility e United Statesf	
	Your Employn	nent History			
Present Or Most Recent Employer					
Name of Organization		Type of	Business) Telephone Number	
Supervisor's Name/Job Title			Your Jo	Your Job Title	
/to// Dates Employed	Are you still em	ployed with this	organization? Ye	es: No:	
Your pay rate or salary:	Annual/Hourly Othe	er income from	this employer such	n as bonuses:	
Briefly Describe Your Job Duties:					

	o: Reason[s] for Leaving:			
ext Most Recent Employer				
Name of Organization	Type of Business) Telephone Number			
Supervisor's Name/Job Title	Your Job Title			
/to/ Are you still employed	d with this organization? Yes: No:			
our pay rate or salary: Annual/Hourly Other in [circle one]	come from this employer such as bonuses:			
riefly Describe Your Job Duties:				
ay we contact this employer for a job reference? Yes: No:	Reason(s) for Leaving:			
ist all other employers for whom you have been employed and the o	lates of your employment:			
ist all other employers for whom you have been employed and the o	Dates Employed			
Name of Organization	<u>Dates Employed</u>			
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Name of Organization Your Education and rcle the last year of formal education completed: 1 2 3 4 5 6 7 8 9 10 11 12 1	Dates Employed			

About The Job For Which You Are Applying

Please list the title of the job for which you are applying:
Do you have reliable transportation to and from work?
Can you perform the essential functions of the [with or without a reasonable accommodation]? Yes: No: Do you feel that you will need additional training in any area to effectively perform the job? Yes: No: Explain:
Expected Hourly Rate or Salary: Do you want: Full-time: Part-time: Temporary: Any:
If hired, when will you be available to work?/ List any scheduling restrictions:
List any certifications or licenses which you possess that will help you demonstrate ability to perform the job:
List equipment that you are qualified to operate proficiently:
List software that you are able to use proficiently:
Applicant Aslancial aspect
Applicant Acknowledgement This application will remain on file with the library for a period limited to 90 days following the date of its submission. I understand that as a public agency, this application form and other hiring records may be released upon request. By signing below, I am verifying that all of the information provided on this application form is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. If I am nired, and the library subsequently discovers that information provided on this application is inaccurate or incomplete, a understand that this may be sufficient cause for me to be separated from employment. Surther understand that to be considered for employment, I must comply with the library's policies and other work rules. I further understand that this application is not, and is not intended to be a contract of employment, and that temployment with the library is at-will, and does not constitute a contractual employment relationship.

Signature of Applicant