PIQUA PUBLIC LIBRARY

116 WEST HIGH STREET PIQUA, OH 45356

PHONE: 937-773-6753 FAX: 937-773-5981

EMAIL: admindept@piqualibrary.org

APPLICATION FOR EMPLOYMENT

A completed application is required for each job opening. Resumes will not be accepted as a substitute for a completed application. Please type or print clearly in ink. Personal Information Last First Middle NAME: Street / Apt.# PRESENT City State Zip Code ADDRESS: PHONE Home Work Other NUMBERS: Are you under 18 years of age? ☐ Yes ☐ No If employed, can you submit verification of your legal right to work in the If Yes, can you submit a work permit if employed? Yes No United States? Yes No **Employment Desired** Position How did you learn about this position? Employment desired: Available to work: Date available to work: ☐ Part-time ☐ Full-time ☐ Substitute ☐ Temporary ☐ Days ☐ Evenings ☐ Weekends May we contact your present employer: \(\begin{aligned} \text{Yes} \bigsize \text{No} \end{aligned}\) Previously employed by Library? Yes No Can you safely perform all the essential functions of the position for which you are applying with or without reasonable accommodations? • Yes • No Please describe accommodations needed, if any: Do any of your relatives If Yes, please give their name and department: work for the library? \(\subseteq \text{ Yes } \subseteq \text{ No} \) . Educational Background Name and Location of Institution School Type Circle Last Year Major Course of Study Dates Degree High School 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4 Technical or Trade School 1 2 3 4 Related Certificates or Licenses: Seminars or Other Training:

Employment History	Begin with most recent employer; attach additional sheets if necessary.						
Employer Name	Type of Business		Business Phone				
Street Address	City	State	Zip Code				
Position Held	Hours per week	Ending Salary	Employment Dates From: To:				
Names and Title of Supervisor		Reason for Leaving					
Duties:		1					
Employer Name	Type of Business		Business Phone				
Street	City	State	Zip Code				
Position Held	Hours per week	Ending Salary	Employment Dates From: To:				
Names and Title of Supervisor	1	Reason for Leavin	g				
Duties:							
Employer Name	Type of Business	·	Business Phone				
Employer Name Street Address	Type of Business City	State	Business Phone Zip Code				
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Name and Occupation Address Telephone Numbers Home: Work: Home: Work: Home: Work: Home: Work: Please indicate any other name used during employment or while in school: Applicant's Certification and Agreement			· Andrewson Angelow & Anthropograms and the			
perona within the last ten years? If so, please specify, the chines, dead of conviction, god, place of conviction, and place of conviction. Have you ever been discharged or requested or forced to resign from any position because of misconduct or unastaficatory service? Special Job-Related Skills and Qualifications List any office machines, equipment or computer programs related to the position you are applying for that you are qualified to operate: Rate your keyboarding (typing) skills: None Beginner Intermediate Highly proficient Relate any additional information that more fully conveys your qualifications: Other than English, list other languages you speak theartly: References (do not fainfine relatives) Name and Occupation Address Telephone Numbers Home: Work: Home: Work: Home: Work: Home: Work: Home: Work: Home: Address Home: Work: Home: Home	Convicted of a crime (this includes drink, n		1		Explanation for YES answer	
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to resign from any position because of misconduct or unsatisfactory service? Special Job-Related Skills and Qualifications List any office machines, equipment or computer programs related to the position you are applying for that you are qualified to operate: Rate your keyboarding (typing) skills: None Beginner Intermediate Beginner Bright proficient Relate any additional information that more fully conveys your qualifications: Other than English, list other languages you speak fluently: References (do not include relatives) Name and Occupation Address Telephone Numbers Home: Work: Home: Work: Home: Work: Please indicate any other name used during employment or while in school: Applicant's Certification and Agreement Please read before signing. Thereby certify that all information in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the library. I authorize the references listed above to provide the library any and all information concerning my previous employment and any other perion information that they may bave. Further, I release all parties and persons from any and all library any damages that many result from furnishing such information to the library any and all library and all library any and all library any damages that many result from furnishing any the preference information on the library any and all library any damages that many result from furnishing any damages that many result from furnishing and information on this application may result in my failure to receive an offer or, if I a	the crime(s), date of conviction, and place of conviction.			· · · · · · · · · · · · · · · · · · ·		
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Other than English, list other languages you speak fluently: References (do not include relatives) Name and Occupation Address Telephone Numbers Home: Work: Home: Home: Work: Home: Home: Work: Home: Home:	Rate your keyboarding (typing) skills:	□ None	☐ Beginner	☐ Interm	ediate	
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The Piqua Public Library is an equal opportunity employer and does not discriminate on the basis of race, color, gender, age, national origin, marital status, or the presence of any sensory, physical, or mental disability, or the use of any trained guide or service dog by a disabled person.

PIQUA PUBLIC LIBRARY

EQUAL EMPLOYMENT OPPORTUNITY DATA Voluntary Optional Information

To be completed by Appli	cant:		: 				
Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by the library.							
NAME (optional)		,					
SEX	□ Male	e	☐ Female				
AGE	Und Und	er age 40	☐ Over age 40				
RACE/ETHNICITY	☐ Ame	American Indian / Alaskan Native					
	☐ Asia	Asian / Pacific Islander					
	☐ Blac	ck					
	☐ Hisp	panic					
	☐ Whi	ite		•			
	Oth	er	. •				
OTHER		nam Era Veteran abled Veteran					
	☐ Indi	ividual with a Disab	ility				

THE PIQUA PUBLIC LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER