Orrville Public Library EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, religion, creed, gender, age, disability, marital or veteran status, or any other legally protected status. This employment application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the applicant's criminal record to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

Please print clearly	Date of application					
Position applying for						
Full-time Part-time	(Orrville Public Lib	orary does not hire season	al employees)			
Name						
Last	First	Middle				
Home Address			77'			
Number Street	City		Zip			
Mailing Address:						
Contact number						
E-mail address						
Are you a U.S. citizen or legal alien? Y	N Are	e you under age 18? Y	N			
Evening and weekend work hours are requ	uired. Is this acceptab	ole? Y N				
If any of your friends or relatives work fo	r Orrville Public Libra	ary, please list name and r	elationship:			
	EDUCATION					
Name of high school		Location				
Did you graduate? Y N						
Major subjects or types of courses						
	Number of	D'1 1 1 0	M ' /D			
College or career centers Location 1	•	Did you graduate?	Major/Degree			
2						
3						
Other courses or special training (please i	nclude name of school	l, where applicable, and d	ates)			
Special studies or interests (e.g. art, music	e, science, mechanical	, or clerical ability)				

EMPLOYMENT HISTORYPlease list your work experience, starting with the most recent.

Employer name Add	ress		Phone	Dates of employment
Job duties	Name	of supervisor		Reason for leaving
May we contact this emplo	yer? Y	N		
Employer name Addi	ress		Phone	Dates of employment
Job duties	Name	of supervisor		Reason for leaving
May we contact this emplo	yer? Y	N		
Employer name Add	ress		Phone	Dates of employment
Job duties	Name	of supervisor		Reason for leaving
May we contact this emplo	yer? Y	N		
				es held (omit any group which would
Have you worked with compute Office, Photoshop etc.)	ers? Y N	What soft	ware are yo	u familiar with? (i.e. Microsoft
Hours you are regularly availab	le to work		Unavai	lable to work
Please list three r Name Address,	references who k City	Relation	t habits (aship	NOT family members) Phone (indicate work, home or cel
)				
nvestigations and inquiries of my rriving at an employment decision	rein are true and c personal or emplo n. I hereby releas the event of emp sult in discharge.	complete to the booyment history ase employers, scholoyment, I under	est of my kno nd other rela nools, or pers stand that fal	owledge. I authorize you to make such ted matters as may be necessary in ons from liability in responding to se or misleading information given in n equired to abide by all rules and
Signature				Date
* If applying for an open position	n and you would	like an e-mail ur	date on the s	tatus please initial here **