

Return this application to:  
Marysville Public Library  
Attn: Casey Rhine  
231 S. Plum St.  
Marysville, OH 43040  
PHONE: 937-642-1876 X34 FAX: 937-642-3457  
crhine@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**, birth date \_\_\_\_\_

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

Position(s) desired: \_\_\_\_\_ Full-time ☐ Part-time ☐ 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 \_\_\_\_\_

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## 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.

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

<b>PREVIOUS EMPLOYER</b>		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 -- High School Student use a teacher

Please list two individuals, other than relatives, whom we may contact for a recommendation.

Name	Phone Number	Relationship
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\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date