



MUSKINGUM COUNTY LIBRARY SYSTEM
 220 North Fifth Street
 Zanesville, Ohio 43701
 614-453-0391

EMPLOYMENT APPLICATION

TITLE OF POSITION APPLYING FOR _____

Name _____ Phone _____
last first middle

Address _____
street city state zip

Work Desired: _____ Full Time _____ Part Time

Are you at least 18 years of age? Yes No If No, indicate date of birth: _____

EDUCATION AND TRAINING

Circle highest grade completed:

Elementary or High School	College	Graduate School
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4

List school(s), other specialized training:

Name	City/State	Major	Degree

List skills appropriate to the position you are applying for:

Are you able to perform the job function of the position for which you are applying with or without reasonable accommodation?

EXPERIENCE/PREVIOUS EMPLOYMENT

Name and address of most recent/present employer

Name and Title of Supervisor from _____ to _____
Employment Dates

Most recent salary Reason for leaving

Brief description of duties

May we contact this employer? _____

Phone # _____

Name and address of next most previous employer

Name and Title of Supervisor from _____ to _____
Employment Dates

Most recent salary Reason for leaving

Brief description of duties

May we contact this employer? _____

Phone # _____

Name and address of next most previous employer

Name and Title of Supervisor from _____ to _____
Employment Dates

Most recent salary Reason for leaving

Brief description of duties

May we contact this employer? _____

Phone # _____

PERSONAL REFERENCES

List any friends or relatives who currently work for the Muskingum County Library System

Have you ever been convicted of or are you now being charged with, any criminal or traffic offense (other than a traffic offense for which the penalty was/is a fine of \$100.00 or less)?

Yes _____ No _____

If yes, please attach an explanation to this application.

At the time of actual employment and consistent with provisions of O.R.C. 109.57, verification of the response to this question will be obtained from the Ohio Bureau of Criminal Identification and Investigation and other agencies. The verification process will require submission of fingerprints. Information obtained about convictions/charges will be evaluated to determine whether the nature of the offense is manifestly inconsistent with the position sought.

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge.

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain an investigative report to verify the statements made herein, using information obtained through personal acquaintances, references, a check of criminal convictions and conviction of traffic offenses, or from any other source deemed appropriate.

I hereby authorize said sources to disclose such records and other information as may be requested.

Applicant Signature

Date

Please do not write in this space

Affirmative Action/Equal Opportunity Employer