

FRANKLIN-SPRINGBORO PUBLIC LIBRARY  
**APPLICATION FOR EMPLOYMENT**

<b>P E R S O N A L</b>	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Phone ( ) ( )
	City, State, Zip _____			Cell Phone ( ) ( )
	Have you applied for employment with us in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____ Location _____			Business Phone ( ) ( )
	Position Desired Librarian <input type="checkbox"/> Library Assistant/Clerk <input type="checkbox"/> Shelver <input type="checkbox"/> Clerical <input type="checkbox"/> Maintenance <input type="checkbox"/> Other _____			Email Address _____
	Are you interested in full-time work? _____ Part-time work? _____ Can you work evenings and weekends? If part-time, what days/hours can you work?			Social Security # _____
				Pay Expected _____
				Can you work overtime if needed? _____
	Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> You must be 16 to be employed by the Franklin-Springboro Public Library.			When will you be available to begin work? _____
	Have you ever been convicted of a felony? _____ If yes, give date of conviction and explain the nature of the offense.			
Please list any relatives and/or friends working for us. _____			I am available to work at: <input type="checkbox"/> Franklin <input type="checkbox"/> Springboro (You may check more than one)	

<b>E D U C A T I O N</b>	School	Name & Location	Course of Study	No. of Years Completed	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree / Diploma
	High School / GED					
	Business / Trade / Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	College or University				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Graduate School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>R E F E R E N C E S</b>	Please list three references with contact information.			
	Name	Address	Telephone	Relationship

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, citizenship, political affiliation, sexual orientation, or other protected status.

<b>EMPLOYMENT</b>	Please give accurate, complete record of employment. Start with your present or most recent employer.
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<b>1</b>	Company Name	Telephone (      )
	Address	Date of Employment From                      To
	Name of Supervisor	Rate of Pay Starting                      Ending
	State Your Job Title and Describe Your Responsibilities  _____	Reason for Leaving

<b>2</b>	Company Name	Telephone (      )
	Address	Date of Employment From                      To
	Name of Supervisor	Rate of Pay Starting                      Ending
	State Your Job Title and Describe Your Responsibilities  _____	Reason for Leaving

<b>3</b>	Company Name	Telephone (      )
	Address	Date of Employment From                      To
	Name of Supervisor	Rate of Pay Starting                      Ending
	State Your Job Title and Describe Your Responsibilities  _____	Reason for Leaving

<b>4</b>	Company Name	Telephone (      )
	Address	Date of Employment From                      To
	Name of Supervisor	Rate of Pay Starting                      Ending
	State Your Job Title and Describe Your Responsibilities  _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____ _____

### **Training / Skills**

Please list computer software programs with which you are familiar.

Please list other special training or skills.

### **Membership in Professional or Civic Organizations**

(Please exclude anything which would indicate age, sex, race, religion, color, national origin, disability, political affiliation, sexual orientation or other protected status.)

### **Military Service**

Have you served in the U.S. Armed Forces? Yes  No   
If yes, give dates and branch of service.

Describe any training received relevant to the position for which you are applying.

### **Signature (Please read carefully)**

The information provided in this Application for Employment is true, correct and complete to the best of my knowledge. If employed, I understand that any false or misleading information given in my application or interview(s), may result in my dismissal. I also understand that I am required to abide by all rules and regulations of the Franklin-Springboro Public Library.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision. I release from liability all persons and/or organizations supplying information in response to inquiries in connection with my application for employment.

I agree to take any medical, drug, or chemical test required by the Franklin-Springboro Pubic Library at any time throughout my employment with the Library, or before, upon request.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Franklin-Springboro Public Library is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, by any conduct, or by any statement made by any library employee or trustee unless such change is specifically acknowledged in writing by the President of the Franklin-Springboro Public Library Board of Trustees.

I understand that the library reserves the right to change an employee's compensation at any time for any reason regardless of whether or not the library has just cause to do so. The library also reserves the right to change the terms and conditions of an employee's employment at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date