

Mount Gilead Public Library

41 East High Street | Mount Gilead, Ohio 43338 (419)947-5866 | mglibrary.org Follow us on Facebook, Instagram and YouTube

APPLICATION FOR EMPLOYMENT

The Mount Gilead Public Library is an equal opportunity employer. It is the philosophy, intent, and commitment of this library to adhere to a policy of equal opportunities for all applicants and employees without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Position Applying For:						
Hourly Wage Desired:	If hired, I would need days before I could start work				could start work.	
In addition to stated position, I would be interested in helping with:						
☐ Story Time ☐ Summer Reading ☐ Book Club ☐ Robotics ☐ Technology Help ☐ Book Displays						
PERSONAL INFORMATION:						
Name:			Application	Date:	Month/Day/Year	
First	Middle	Last			Month/Day/Year	
Address: Number and Street	Apt.#	City		State	Zip	
Email Address:						
Primary Phone:		Best tin	ne to call:			
Do you have a Mount Gilead Library Card?						
Are you legally eligible for employment in the United States? No Yes (If offered employment, you will be required to provide documentation to verify eligibility.)						
Do you have reliable transportation ☐ No ☐ Yes						
Are you related to any current library staff? No Yes:						
Have you ever been convicted of a crime other than minor traffic offense? ☐ No ☐ Yes						
If yes, explain:						

Avail	ability								
	Monday through	Thursday 10:30 A	M to 7:00 PM a	and Friday and Satu	ırday 10:30 AM I	to 5:00 PM			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
FROM									
UNTIL									
EDUC	EDUCATION								
Do you	have a High Scho	ol Diploma or equ	uivalent (GED)?	☐ Yes ☐ No					
Please specify level of education completed and any degrees or certificates you may hold:									
What activities or hobbies do you enjoy?									
FMPI	OYMENT HISTO)RV							
				Ann Ma Contact this Co		la.			
Current/ Most Re	rent/ May We Contact this Company? ☐ Yes ☐ No st Recent Employer:			NO					
Supervis	upervisor Name: Start Date:			tart Date:	End Date:	End Date:			
Position/Duties:									
Reason f	for Leaving?								
Previous			M	May We Contact this Company? ☐ Yes ☐ No					
Employe	or Name:		Ct.	art Date:	End Date:				
				art Date.	End Bate.				
Position									
Reason f	or Leaving?								
Have you ever been discharged or asked to resign from a job? ☐ Yes ☐ No									
If yes, explain:									

REFERENCE	S (Other than fa	mily and e	mployers)				
	Reference 1		Reference 2		Reference 3		
Name							
Address							
Phone							
Relationship							
SKILLS (CHE	CK ALL THAT APP	LY)					
☐ Microsoft Office ☐ W		☐ Web D	b Design		☐ Tutoring		
☐ Photo Editing		☐ Lamin	☐ Lamination		☐ Book Repair		
☐ Photography		☐ Printin	☐ Printing		☐ Email		
☐ Crafting		☐ Copyir	☐ Copying		☐ Library Catalog/DEWEY		
☐ Social Media		☐ Faxing	☐ Faxing		☐ Using the Cloud		
APPLICANT [®]	'S CERTIFICATION	AND AGR	EEMENT				
knowledge and mance. I hereby	authorize [Company] release [Company] fi	to verify their	r accuracy and to obtain refe	rence i nature	and complete to the best of my nformation on my work perforwhich, at any time, could result		
	at, if employed, falsifi ufficient basis for disr		s of any kind or omissions of	facts c	alled for on this application shall		
rules and regula regulations of e implied employ	ntions of employment mployment or anythio ment contract. I unde	of the Employing said during rstand that ar	yer. However, I further unde the interview process shall	rstand be deei r an ind	will fully adhere to the policies, that neither the policies, rules, med to constitute the terms of an efinite duration and at will and out notice or cause.		
Signature of Applicant		Month/Da	y/Year				
Printed Name of Applicant							