



Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to complete the application and/or interview process should contact Human Resources.

Position applying for _____ Today's Date _____

Name _____ Email _____

Address _____ City _____ St _____ Zip _____

Phone _____ Alternate _____ Best time to call _____

How did you learn of this position? _____

_____ Library Website _____ NEO Website _____ Employee _____

_____ On-site Posting _____ OPLIN _____ Other _____

_____ Ohio Means Jobs _____

Have you worked for PCML in the past? ____ Yes ____ No If yes, please list dates _____ to _____

If under 18, can you provide a work permit? ____ Yes ____ No Date you are available to start work _____

Are you legally eligible to work in the United States without visa sponsorship? Yes _ No_ (proof required at hire)

Are you able to work overtime if required? ____ Yes ____ No Will you travel if the job requires it? _ Yes ____ No__

Please list any schedule limitations _____

Does the Perry Cook Memorial Public Library employ any of your relatives, or are you related to any Perry Cook Memorial Public Library Board member? _____ Yes ____ No ____

If yes, please list that person's name and relationship to you.

Name _____ Relationship _____

Employment History Starting with your most recent employer, please provide the following information:

Employer	Phone ()
Address City State Zip	Dates Employed: to
Job Title	Ending Salary \$
Immediate Supervisor's Name & Title	Phone ()
Why did you leave?	May we contact for reference? Yes No Later
Type of work performed/duties	
What did you like most about the position?	
What did you like least about the position?	

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What did you like least about the position?	

Educational Background Starting with the most recent school you attended.

School (include City and State)	Years	Degree	Major
		☐ Diploma GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
		☐ Diploma GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	
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		☐ Diploma GED ☐ Degree _____ ☐ Certification _____ ☐ Other _____	

Skills & Qualifications

Summarize any special training, skills or job-related experience that may assist you in performing the duties of the position for which you are applying: _____

Computer Skills

Are you proficient with Information Management Tools, such as Windows and Microsoft Office? _____ Yes _____ No

List any integrated Library systems and databases used: _____

Professional Affiliations, Certifications and Licensures (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status)

Professional Memberships and Affiliations:	
Organization/Group Name	Office Held
Organization/Group Name	Office Held
Organization/Group Name	Office Held

Professional and Trade Licenses/Certifications:		
License/Certification	Issued By	Date
License/Certification	Issued By	Date
License/Certification	Issued By	Date

Professional References

Name	Email Address	Professional Relationship to You	Contact Number

Acknowledgement/Authorization

Applicants for employment with the Perry Cook Memorial Public Library are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, gender, age, national origin, political affiliation, disability, or ancestry.

I certify, to the best of my knowledge, that all information contained in this application is true, complete and correct. I understand this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that any material omission, misrepresentation or falsification of this information is ground for dismissal from or refusal of employment.

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand and acknowledge that any employment relationship is "at-will" and can be terminated by either party with or without notice, at any time, for any, or no, reason.

I hereby authorize a background investigation of all information 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. If the position requires it, I authorize the Perry Cook Memorial Public Library to perform a credit check for bonding purposes. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the above text.

Applicant Signature

Date

Completed applications can be returned to PCML via United States mail (7406 County Rd 242, Mount Gilead, OH 43338) or e-mail (jeng@perrycooklibrary.org).



PERRY COOK MEMORIAL LIBRARY

APPLICANT OPTIONAL VOLUNTARY QUESTIONNAIRE for SELF-IDENTIFICATION of RACE/ETHNICITY and VETERAN STATUS

Ohio Fair Employment Practices Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, ancestry or age.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility and will only be used to assist with our reporting obligations and hiring statistics. **Completion of this form is optional.**

POSITION APPLIED FOR: _____

Section 1: Please check one of the options below:

- ☐ Male
- ☐ Female
- ☐ I prefer not to answer.

Section 2: Race/Ethnicity Please check one of the options below:

- ☐ Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.
- ☐ White (*Not Hispanic or Latino*) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ Black or African American (*Not Hispanic or Latino*) A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander (*Not Hispanic or Latino*) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ Asian (*Not Hispanic or Latino*) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, china, India, japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ American Indian or Alaska Native (*Not Hispanic or Latino*) a person having origins in any of the original peoples of North and south America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Two or more races (*Not Hispanic or Latino*) all person who identify with more than one of the above five races.
- ☐ I prefer not to answer.

Section 3: Veteran's Status

Are you a veteran of the United States Military Armed Forces?

_____ I prefer not to answer.

_____ No

_____ Yes

If Yes, are you a Protected Veteran?

A veteran who may be classified as a Disabled Veteran, Recently Separated Veteran, Active Duty Wartime or Campaign Badge Veteran or Armed Forces Service Medal Veteran.

_____ Disabled Veteran

A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

_____ Recently Separated Veteran

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service.

_____ Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

_____ Armed Forces Service Medal Veteran

A veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.

_____ I am not a Protected Veteran.

_____ I prefer not to answer.

REFERRED BY:

_____ Job posting:

_____ Library Bulletin Board

_____ Library Website

_____ Ohio Means Jobs/ODJFS

_____ Other (please specify): _____

_____ Current PCML employee: _____

Thank you for completing this form.