



**CURRENT AND PAST EMPLOYERS (LAST 3 POSITIONS HELD INCLUDING CURRENT EMPLOYMENT, IF ANY):**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment- From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May the Library contact this employer? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment- From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May the Library contact this employer? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment- From: \_\_\_\_\_ To: \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May the Library contact this employer? \_\_\_\_\_

Please list any skills, achievements, qualifications, or volunteer activities, which you think would make you a good candidate for this position. (This is your opportunity to set yourself apart from other applicants.):

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Have you ever been discharged or asked to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain the conditions or circumstances:

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This employment application does not seek information regarding the applicant's criminal record. However, Rodman Public Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

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**REFERENCES:**

Give the names of three (3) persons who are **not** family members, whom you have known at least one year.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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**EDUCATION:**

<b>Training</b>	<b>Name of Institution</b>	<b>Location (City &amp; State)</b>	<b>Degree Received (Yes or No)</b>	<b>Major/Area of Study</b>	<b>GPA</b>
High School					
College					
Graduate/ Professional					
Other					

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**APPLICANT’S STATEMENT OF UNDERSTANDING AND AUTHORIZATION**

I understand that acceptance of my application for employment does not commit Rodman Public Library (“The Library”) in any way to hire me; and that nothing in my application, or in any other communication or document, creates or implies a contract or promise of employment requiring that I be hired or retained by the library in any position for any period of time.

My signature below authorizes the Library to contact any agency, company, or individual it deems appropriate to investigate my employment history, character, and qualifications; and authorizes release of information in connection with my application for employment. This investigation may include, but not be limited to, such information as criminal or civil conviction, driving records, previous employers and educational sources.

I hereby affirm that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements, answers to questions, and any attachments hereto. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, I may be disqualified; or, if I have already been hired, my employment may be terminated.

In the event that I am employed by the Library, I agree to comply with all of its orders, rules, and regulations and understand that employment with the Library automatically includes membership in the OPERS (Ohio Public Employees Retirement System) as provided under the Ohio Revised Code. I understand that my employment is “at-will” and may be terminated by myself or by the library at any time for any reason at all, with or without prior notice.

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Applicant’s Signature

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Date