



CUYAHOGA FALLS LIBRARY

2015 Third Street, Cuyahoga Falls, OH 44221

-----APPLICATION FOR EMPLOYMENT-----

Date of Application _____

Name _____
Last First Middle

Address _____ City _____

State _____ Zip Code _____ Telephone _____

E-Mail Address _____

Do you want full time? _____ Part time? _____

What hours can you work? _____ Evenings? _____ Weekends? _____

Are you able to perform the job function of the position for which you are applying with or without reasonable accommodation? YES _____ NO _____

RECORD OF EDUCATION

School	Name of School	Major/Minor	Number of Years Completed	Year Graduated	List Diploma or Degree
High	_____	_____	1 2 3 4	_____	_____
College	_____	_____	1 2 3 4	_____	_____
Other (Specify)	_____	_____	1 2 3 4	_____	_____
Library School	_____	_____	_____	_____	_____

Any plans for future study? _____

Special experiences, qualifications, skills: Typing _____ WPM _____ Computer _____;

Other (list) _____

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

<u>Dates</u>	<u>Name and Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason Leaving</u>
1. From _____ To _____	_____ _____ Supervisor _____	_____ _____ Phone _____	_____ _____ _____	_____ _____ _____
2. From _____ To _____	_____ _____ Supervisor _____	_____ _____ Phone _____	_____ _____ _____	_____ _____ _____
3. From _____ To _____	_____ _____ Supervisor _____	_____ _____ Phone _____	_____ _____ _____	_____ _____ _____

May we contact the employers listed above? _____ If not, indicate by No. which one (s) you do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Cuyahoga Falls Library to verify their accuracy and to obtain reference information on my work performance. I hereby release Cuyahoga Falls Library from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Cuyahoga Falls Library is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex national origin, religion, sex, national origin, religion, sexual preference, age, disability, or other protected group status.

I agree that any claim or lawsuit relating to my service with the Cuyahoga Falls Library must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I understand that the Cuyahoga Falls Library has the right to conduct a background check in connection with this application.

Date _____ Signature _____

