



## EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital status, veteran status, mental or physical disability or any other status protected by law.

### PERSONAL INFORMATION (Please print or type)

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

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

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

E-mail address: \_\_\_\_\_

Under age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

### GENERAL INFORMATION

(Select ALL that apply) Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Substitute \_\_\_\_\_

Please list days, hours available: \_\_\_\_\_

Can you work evenings? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available: \_\_\_\_\_ Minimum salary or hourly rate? \_\_\_\_\_

Do you have a reliable means of transportation to and from work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE:** If yes, give date of conviction and describe the nature of the offense.

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The Library has no general prohibition against hiring relatives. However, while the Willoughby-Eastlake Public Library will accept and consider applications for employment from relatives, members of an employee's immediate family\* will not be employed in positions where they will work in the same building as their relative(s). Further, such relatives will not be placed in positions where they work with or have access to sensitive information regarding an immediate family member. Appointment of members of the immediate families of the Board of Trustees is prohibited.

Do you have any immediate family members who are current employees or Trustees of the Library?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the name of the immediate family member, the family member's department and the family member's relationship to you.

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\*Immediate family is defined as the spouse, significant other, child, parent, grandparent, grandchild, sibling of any current staff or trustee; the spouse's child, parent, grandparent, grandchildren, sibling, and any relative regularly and routinely residing in the employee's home.

**JOB INTEREST**

*Please check the position you are applying for below.*

**\*\*Complete a separate application for each position you are interested in at the library.**

Administration: \_\_\_\_\_ Professional Librarian (requires MLS or MLIS degree): \_\_\_\_\_

Reference Associate (requires BA or BS degree): \_\_\_\_\_

Children's Associate (requires BA or BS degree): \_\_\_\_\_

Circulation: \_\_\_\_\_ Page: \_\_\_\_\_ Custodial: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**EDUCATION**

TRAINING	HIGHEST YEAR COMPLETED	NAME ADDRESS CITY, STATE, ZIP	DEGREE RECEIVED	MAJOR/SUBJECTS	GPA
HIGH SCHOOL	9 10 11 12		YES/NO If no, passed GED? YES/NO		
COLLEGE	1 2 3 4		YES/NO If yes, list degree		
GRADUATE/ PROFESSIONAL	1 2 3 4		YES/NO If yes, list degree		

SPECIAL SKILLS (include computers, graphic arts, office equipment, typing) \_\_\_\_\_

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VOLUNTEER WORK RELATED TO THE POSITION APPLIED FOR: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT**

*(Please list most recent position first)*

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Final rate of pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date of employment From \_\_\_\_\_ To \_\_\_\_\_

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

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Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Final rate of pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date of employment From \_\_\_\_\_ To \_\_\_\_\_

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

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Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Final rate of pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date of employment From \_\_\_\_\_ To \_\_\_\_\_

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

## REFERENCES

List persons other than relatives. Providing this information means that you give the library permission to contact the reference listed.

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

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

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

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

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

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

### **APPLICANT'S CERTIFICATION AND AGREEMENT**

"I understand and agree that, if I am employed by the Library, my employment and/or compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment and/or compensation can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Library or myself. I understand and agree that the Library reserves the right to establish and change any of the terms and conditions of my employment at its discretion at anytime, as it deems appropriate. I understand and agree that if any previous agreements between any Library representative and myself have been made, they are superseded by the contents of this Agreement. I understand and agree that no representative of the Library, other than the Director, the President of the Board, or the Board of Trustees as a whole, have any authority to enter into any agreement with me or provide me with any assurances relating to my employment with the Library, including any agreements or assurances regarding the duration of my employment for any indefinite or specified period of time or to make any agreement with me or provide me with any assurances contrary to the foregoing, except that the above-mentioned officials of the Library may do so in writing.

I authorize the investigation of any and all of my background, qualifications and/or any other information from whomever the Library deems appropriate or desires, as I also authorize the release of any and all information by whomever the Library deems appropriate or desires. I also release all parties from all liability for any damage that may result from furnishing this information to the Library. This release extends to all information deemed appropriate to be released by any requesting and/or releasing party, personal or otherwise, as well as to the Library itself, should it find it necessary at any time to release any information regarding myself, my employment record, or my employment status to any individual or organization the Library deems worthy of receiving such information.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

#### **READ CAREFULLY BEFORE SIGNING**

**"I agree that any claim or lawsuit relating to my service with Willoughby-Eastlake Public 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."**

**If you are hired, this employment application will become part of your official employment record.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
Date

**Return completed application to:**

Willoughby-Eastlake Public Library  
Administration Office  
263 E. 305 St.  
Willowick, OH 44095