

**FINDLAY-HANCOCK COUNTY  
PUBLIC LIBRARY**

**FINDLAY-HANCOCK COUNTY PUBLIC LIBRARY**

206 Broadway / Findlay, Ohio 45840 / 419-422-1712 / 419-422-0638 (fax)

Please answer all questions and print your answers where applicable. Any false information will be considered grounds for immediate dismissal.

***Work permits are required for high school students. Background checks are conducted as part of the hiring process.***

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the Library?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
Are you related to any current staff or Board members?	YES <input type="checkbox"/>	No <input type="checkbox"/>	If so, who?
Position applying for:			
Are you available for evening work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available for weekend work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date available:			
Hours wanted:	Any <input type="checkbox"/>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>

EDUCATION			
High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES***Please list three professional references.*

Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS EMPLOYMENT**

Company	Phone (    )	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone (    )	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone (    )	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

LIST ANY OTHER TRAINING, SKILLS, EXPERIENCE, ETC. RELEVANT TO LIBRARY WORK:

List any other relevant courses and training; professional license or certificates. Note: testing of skills may be required prior to or following selection.

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**DISCLAIMER AND SIGNATURE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

**Employer: Findlay-Hancock County Public Library**

**Applicant: \_\_\_\_\_**

1. **I CERTIFY** that the information provided on this application is true, accurate and complete to the best of my knowledge. I understand that incomplete, false or misleading information on this application or other employer records shall be grounds for denial of employment or immediate termination of employment, regardless of when or how it was discovered.
  
2. **I UNDERSTAND** that any offer of employment is contingent on my ability to provide proof that I am legally authorized to work in the United States.
  
3. **I AGREE** that any claim or lawsuit relating to my service with the employer must be filed no more than six (6) months after the date of the employment act that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
  
4. **I UNDERSTAND and agree that my employment and compensation is at the will of the employer and myself and thus it may be terminated at any time with or without prior notice, with or without cause, at the option of the employer or myself, and I understand that no representative of the employer, other than the Director, has authority to enter into any agreement contrary to the foregoing. I further understand that any agreement contrary to the foregoing must be in writing and signed by myself and the Director to be effective.**

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Consistent with federal law, the employer will retain a copy of this application for record-keeping purposes for one (1) year. However, this application for employment will not remain active after the position(s) applied for is/are filled.