

**EMPLOYMENT APPLICATION**

**MASSILLON PUBLIC LIBRARY**

Human Resources Department  
208 Lincoln Way East, Massillon OH 44646-8488

Phone: 330.832.9831  
FAX: 330.830.2182

Massillon Public Library is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status or sexual orientation. Applications are considered only when an open position is advertised.

**Please type or print, complete all sections sign and date.** Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position for which you are applying:  
\_\_\_\_\_

**APPLICANT INFORMATION**

Name (Last, First, Middle):  
\_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
/ /

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible for employment in the United States?  
\_\_\_\_ Yes \_\_\_\_ No

Availability: \_\_\_\_ Part Time \_\_\_\_ Full Time (34 hrs per week)

What date are you available to start work? \_\_\_\_\_

If required for this position, do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

If required for this position, do you have a CDL? \_\_\_\_ Yes \_\_\_\_ No

Have you previously applied for a position with the Massillon Public Library? \_\_\_\_ Yes \_\_\_\_ No  
If yes, when? \_\_\_\_\_

Are you a former employee of Massillon Public Library? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide separation date (Mo/Yr) \_\_\_\_\_

Provide name & relationship of any relative(s) who are employed by Massillon Public Library, or mark "none"  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name of School/City/State	#Yrs Completed	Completed	GPA	Major/Minor
High School		Diploma          GED		
College		Associates Bachelors Masters		
College		Associates Bachelors Masters		
Other		Associates Bachelors Masters		

**Please indicate your level of proficiency in the following areas (B = Basic, I = Intermediate, E = Expert).**

Microsoft Word \_\_\_\_\_ Microsoft Excel \_\_\_\_\_ Microsoft Outlook \_\_\_\_\_ Internet \_\_\_\_\_ Intranet \_\_\_\_\_

**Please list any training, computer or software skills, customer service, or any other skills relevant to this position.**

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**Please list any special accomplishments, publications, awards, etc.**

Exclude information 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.

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### Professional Affiliations

**To what job-related organizations (professional, trade, etc.) do you belong?**

Exclude information 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.

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### WORK EXPERIENCE

Please detail your work history for the past ten years. Begin with your current or most recent employer. Omission of prior employment may be considered falsification of information.

#### Employer Information

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

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Job Duties \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ May we contact? ?  Yes  No

Other Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

#### Employer Information

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

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Job Duties \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ May we contact? ?  Yes  No

Other Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Information**

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

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Job Duties \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ May we contact? ?  Yes  No

Other Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Information**

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

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Job Duties \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ May we contact? ?  Yes  No

Other Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Please provide contact information for three (3) work-related references (other than relatives or former bosses).

Name/Phone: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? (Former co-worker, professor, etc.)  
\_\_\_\_\_

How long have you known this person? \_\_\_\_\_  
\_\_\_\_\_

Name/Phone: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? (Former co-worker, professor, etc.)  
\_\_\_\_\_

How long have you known this person? \_\_\_\_\_  
\_\_\_\_\_

Name/Phone: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

How do you know this person? (Former co-worker, professor, etc.)  
\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Massillon Public Library is a Drug-Free Workplace

My signature below certifies that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment, if discovered at a later date.

I authorize Massillon Public Library (its officers, agents, representatives, or duly authorized employee(s) to investigate, without liability, all statements contained in this application and supporting materials. I authorize reference and former employers, without liability, to make full responses to any inquiries in connect with this application for employment. I understand that my signature authorizes the Massillon Public Library to contact any current or former employer, educator, or other reference that I have noted on this application, or in my resume.

If requested, I agree to submit to a physical exam, criminal and/or credit background investigation and screen for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

I understand that employees of the Massillon Public Library serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the Untied States, and to comply with the library and departmental regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**(PLEASE NOTE: If you do not sign application, it will not be considered)**