

# EMPLOYMENT APPLICATION

**Swanton Local School District Public Library**  
 305 Chestnut St, Swanton, OH 43558  
 Ph. 419-826-2760 Fax: 419-826-1020  
<http://www.swantonpubliclibrary.org> swantonpl@gmail.com

Swanton LSD Public Library is an equal opportunity employer and will not discriminate against any application on the basis of any characteristic that is protected by State or Federal law.

## PERSONAL INFORMATION

Full Name	Telephone, Home
Address	Telephone, Business/cell
City, State, Zip	Email address (optional)
Position applying for	Date
Are you lawfully entitled to be employed in the United States?	YES NO
Are you at least 18 years of age?	YES NO
If not, can you provide a valid work permit?	YES NO N/A
Have you ever been part of the US military?	YES NO

## EDUCATION

	Name & Address	Course of study	Years completed	Diploma/degree
High School				
College				
Vocational				
Other (specify)				

Briefly summarize any other education or training (include certifications/etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

<b>1. Most recent/current employment</b>	
Name of employer	Dates of employment
Address & Telephone	Hourly rate/salary
Job Title	Supervisor
Reason for leaving	May we contact?
Work duties	

<b>2. Next most recent employment</b>	
Name of employer	Dates of employment
Address & Telephone	Hourly rate/salary
Job Title	Supervisor
Reason for leaving	May we contact?
Work duties	

<b>3. Next most recent employment</b>	
Name of employer	Dates of employment
Address & Telephone	Hourly rate/salary
Job Title	Supervisor
Reason for leaving	May we contact?
Work duties	

<b>4. Next most recent employment</b>	
Name of employer	Dates of employment
Address & Telephone	Hourly rate/salary
Job Title	Supervisor
Reason for leaving	May we contact?
Work duties	

## ADDITIONAL QUALIFICATIONS

Summarize any special job-related skills acquired from employment or other experience: \_\_\_\_\_

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## SPECIALIZED SKILLS

Check skills/equipment operated:

<input type="checkbox"/> Fax machine	<input type="checkbox"/> Internet skills
<input type="checkbox"/> Copier	<input type="checkbox"/> Microsoft Office
<input type="checkbox"/> Computer skills	<input type="checkbox"/> eReaders/mobile devices
<input type="checkbox"/> Automated Circulation System	<input type="checkbox"/> Nook
<input type="checkbox"/> Web programming	<input type="checkbox"/> Kindle
	<input type="checkbox"/> Apple device (iPod, iPad, etc.)
	<input type="checkbox"/> Other (specify: _____)

## REFERENCES

1. \_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Relationship Email address

2. \_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Relationship Email address

3. \_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Relationship Email address

*The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with the Swanton Public Library. As part of our normal procedure during the recruitment process, we may perform a routine inquiry into your background based on the information you have provided. In order for such information to be released, we need your concurrence. Therefore, please read the following statement carefully and indicate your agreement by signing below.

To Whom It May Concern:

I hereby authorize the Swanton LSD Public Library or other authorized representative of the Swanton LSD Public Library, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, or education records, including but not limited to: academic achievement, attendance, criminal, personal history, and disciplinary records. I hereby direct you to release such information upon request from the Swanton LSD Public Library and/or any authorized representative as the custodian of such records, and release any school, college, university, or other educational institution, and business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family, or associates because of Swanton LSD Public Library's request for and/or review of records described in this Authorization to Release Information. Should there be any other questions as to the validity of this Release, you may contact me as indicated below.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
Full Name -- Signature

\_\_\_\_\_  
Full Name -- Type or Print

\_\_\_\_\_  
Current Address -- Type or Print

\_\_\_\_\_  
Telephone/cell number

Have you ever been known by any other names?      YES    NO

If so, please print the name(s) here: \_\_\_\_\_