



Medina County District Library

Application for Employment

210 South Broadway St • Medina, Ohio 44256 • 330-722-6235 • human.resources@mcdl.info

Please complete all sections of this application. Attach separate sheet(s) for any additional information.

MCDL is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status, or genetic information.

Position applied for _____ Library _____ Date _____

PERSONAL DATA

Last Name _____ First _____ Middle _____
 Street Address _____ Home Phone _____
 City, State, Zip _____ Cell Phone _____
 Email Address _____

When would you be able to begin work? _____

Can you work: Days? Yes No Evenings? Yes No Weekends? Yes No

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

This employment application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

EDUCATION

High School _____ Diploma: Yes No GED: Yes No
 College _____ Years Completed _____ Degree _____
 College _____ Years Completed _____ Degree _____
 Graduate School _____ Years Completed _____ Degree _____

Additional education and/or training relevant to the position you are applying for _____

Clerical/mechanical/computer skills _____

Professional license or membership _____

PROFESSIONAL REFERENCES

1. Name _____ Phone _____ Email _____
 2. Name _____ Phone _____ Email _____
 3. Name _____ Phone _____ Email _____

WORK EXPERIENCE (Begin with current position)

May we contact your current employer? Yes No

Name of Employer _____ Hours/Week _____

Address _____ Dates (month/year):

City _____ State _____ Zip _____ From _____ To _____

Description of responsibilities and duties _____

Reason for leaving _____

Name of Employer _____ Hours/Week _____

Address _____ Dates (month/year):

City _____ State _____ Zip _____ From _____ To _____

Description of responsibilities and duties _____

Reason for leaving _____

Name of Employer _____ Hours/Week _____

Address _____ Dates (month/year):

City _____ State _____ Zip _____ From _____ To _____

Description of responsibilities and duties _____

Reason for leaving _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain _____

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 MCDL to verify their accuracy and to obtain reference information on my work performance. I hereby release MCDL 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 in this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of MCDL. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or MCDL may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date _____