APPLICATION FOR EMPLOYMENT



The Brumback Library 215 W. Main St. Van Wert, Ohio. 45891

(PLEASE PRINT or TYPE)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, or the presence of a non-job related medical condition or handicap.

This employment application does not seek information regarding the applicanants criminal record. However, the library reserves the right to make inquiry into the applicanant criminal recod and to condition any offer of employment on the information obtained from any such inquiry or background check.

		Date of Application			
Position(s) Applied For					
Referral Source _	Advertisement	Friend	Relative		
	Employment Agency				
Name	First		Middle		
Lust	1 1131		Middle		
AddressNumber	Street	City	State Zip		
Phone No(<u> </u>				
Have you filed an applic	ation here before?Yes _	No	Date		
Have you ever been emp	loyed here before? Yes	No	Date		
Are you a citizen of the	United States?Yes _	No			
	ssess an Alien Registration Card Registration Number				
	o work? Full Time				
What hours are you avai	lable to work?				
Are you on lay-off and so	ubject to recall?Yes	No			
Can you travel if a job re	equires it? YesYes _	No			
Do any of your friends of	r relatives work here?	Yes	No		
If yes, list name(s)				

EMPLOYMENT EXPERIENCE



List each job held. Start with your present or latest job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, or national origin.)

Employer	Dat	tes	
	From	То	Work Performed
Address			
Job Title	Hourly Ra		
Cumanyigan	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dar	es	
	From	То	Work Performed
Address			
Job Title	Hourly Ra	te/Salary	
	Starting	Final	
Supervisor			
Reason for Leaving			
Employer	Dates Fron	1	
		То	Work Performed
Address			
Job Title	Hourly Rate	/Salary	
	Starting Fin	al	
Supervisor			
Reason for Leaving			
If you need a	additional space, please cont	inue on a senarat	e sheet of naner
n you noou t	idantional space, prease cont	inac on a separat	o sheet of paper.
nmarize special skills and qua	alifications acquired from en	ployment or oth	er experience

Are you a veteran of the U.S. military service?		Yes	No	BRUMBAC	KLIBRARY	
If yes, what	was your Branch	of U.S. military servi	ice?			
Special Employment Mental Handicaps.	t Notice to Disal	bled Veterans, Vietna	m Era Veterans, a	and Ind	ividuals with Phys	ical or
that they take affirma Vietnam Era, and Sec	tive action to empetion 503 of the Re	Section 402 of the Viet loy and advance in empehabilitation Act of 197 dvance in employment	oloyment qualified '8, as amended, wh	disabled nich requ	d veterans and vetera	ans of he
purpose is to provide the job in a proper an	information regard d safe manner. The	physical or mental hand ding proper placement his information will be ny consideration you m	and appropriate actreated as confider	commo ntial. Fa	dation to enable you ilure to provide this	u to perform
If you wish to be ide	entified, please si	gn below				
	Disat	oled Veteran	Vietn	am Era	Veteran	
	Signed					
What foreign langua	ages do you speal	k, read and/or write?				
		Fluently	Good		Fair	
	Speak					
	Read					
	Write					
List professional, tra religion, sex, or nation		civic activities and of	fices held. (Exclu	de grou	ps which indicate ra	ce, color,
Give name, address	, and phone num	ber of three reference	es not related to y	ou.		
Name		Address			Phone Num	ber
Name		Address			Phone Num	ber
Name		Address			Phone Num	ber





	High	College/ University	Graduate/ Professional
School Name			
Years Completed (Circ	ele) 9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Stu	ady		
Describe specialized train	ing, apprenticeship, skills, an	d extracurricular activities:	
Honors received:			
State any additional inforr	nation you feel may be helpfu	al to us in considering your ap	plication:
	ACR	EEMENT	
Coartify that answers given		te to the best of my knowledge	
-	f all statements contained in	this application for employme	
2 2		misleading information given , that I am required to abide b	
Signature	of Applicant		Date
	For Personnel L	Department Use Only	
Arrange Interview	Yes	No	
Remarks			
Employed	Yes No	Date of Employment	
Job Title		Hourly Rate/Salary	
By_		_	
	Name/Title	Date	