



**DAYTON  
METRO  
LIBRARY**

215 E. Third Street  
Dayton, OH 45402  
937-463-BOOK  
DaytonMetroLibrary.org

# Application for Employment

**PLEASE PRINT AND COMPLETE ALL AREAS OF THE APPLICATION. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT PURPOSES.**

Equal access for programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Date of application \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone #( ) \_\_\_\_\_ Cell #( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If you are under 18, can you obtain and furnish the required permit?  Yes  No  
 It is Library policy not to hire any individual under the age of 16.

Type of employment desired  
 Full-Time  Part-Time  Substitute

Have you ever been employed by the Dayton Metro Library?  Yes  No

If yes, please give dates \_\_\_\_\_  
FROM TO

Position desired (*Education Preferred*)  
 Information Services Librarian (*Master's Degree*)  
 Information Services Assistant (*Bachelor's Degree*)  
 Patron Services Assistant (*High School Diploma*)  
 Technical Services  
 Information Technology  
 Library Aide  
 Other

Are you legally eligible for employment in this country?  Yes  No

Date available to work \_\_\_\_\_

The library is open Monday, Tuesday and Thursday: 9:30 a.m.-8:30 p.m. Wednesday, Friday and Saturday: 9:30 a.m.-6:00 p.m. Sunday: 1:00-5:00 p.m.

Do you have any specific scheduling restrictions? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver's license number (if driving is an essential job function) \_\_\_\_\_ State \_\_\_\_\_

**For Human Resources Use Only**

Agency \_\_\_\_\_ Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Resigned \_\_\_\_\_

## Employment History

Provide the following of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below. This section is optional if a resume is provided.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

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

May We Contact for Reference?  Yes  No

Summarize the Type of Work Performed and Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

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

May We Contact for Reference?  Yes  No

Summarize the Type of Work Performed and Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Employer \_\_\_\_\_

Address \_\_\_\_\_

Starting Job Title/Final Job Title \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

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

May We Contact for Reference?  Yes  No

Summarize the Type of Work Performed and Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATES EMPLOYED	
From	To
STARTING SALARY	
\$	PER
FINAL SALARY	
\$	PER

Comments (Including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, technological skills, licenses and/or certificates that may qualify you to perform the essential job duties for the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that the Ohio Revised Code or Federal Law may disqualify an individual with a particular criminal history from employment in a particular position.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I agree to comply with all employment rules and regulations of the Library; I agree to work in any agency where assigned and to substitute in other agencies of the Library as may be required. I also understand that I may be required to work evenings and weekend hours.

## **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

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

## **Applicants under age 18 must obtain the signature of a parent or guardian.**

It is with my approval that my son/daughter makes application for employment with the Dayton Metro Library.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Dayton Metro Library Authorization To Release Information

I authorize the Dayton Metro Library to investigate all references regarding my previous personal, employment and educational history to verify the information provided on my application form in order to secure all job related information about me. I release from liability the Dayton Metro Library and its representatives for seeking such information and all other persons, corporations or organizations from providing such information.

Applicant Name (please print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Date \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY LIBRARY STAFF

### EMPLOYMENT REFERENCE

Name of Company: \_\_\_\_\_ Representative: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employed: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

Eligible for Rehire? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

**IF APPLICABLE, PLEASE RATE THE FOLLOWING:**

	Excellent	Good	Average	Fair	Poor
Acceptance of supervision:					
Attendance					
Attitude Toward Work					
Computer skills					
Cooperation with coworkers					
Customer service skills					
Initiative					
Integrity					
Quality of Work					
Time Management					
Use of Technology					

Areas of Strength: \_\_\_\_\_

Areas in Need of Improvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL REFERENCE

Name of Reference: \_\_\_\_\_

In what capacity do you know the applicant?: \_\_\_\_\_

How long have you known the applicant?: \_\_\_\_\_

**IF APPLICABLE, PLEASE RATE THE FOLLOWING:**

	Excellent	Good	Average	Fair	Poor
Acceptance of Responsibility					
conscientiousness					
Friendliness					
Helpfulness					
Initiative					
Integrity					
Respect of others					

Areas of Strength: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preparer's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# Dayton Metro Library Police Record Check Authorization Form

All applicants under final consideration for employment with the Dayton Metro Library (DML) are required to have a Bureau of Criminal Identification and Investigation (BCI&I) fingerprint check completed. If such applicant has lived outside the State of Ohio at any time during the past five years, he/she will also be required to have a Federal Bureau of Investigation (FBI) fingerprint check completed. Library policy forbids the hiring of, or continued employment of, any individual who has an unacceptable police record. If an employee is charged or convicted of any offense during employment with DML, he/she is required to report it in writing to the Human Resources Manager immediately. A conviction will not automatically bar an applicant from employment or an employee from continued employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. The final determination as to whether or not a conviction is unacceptable will be at the discretion of the Executive Director/designee.

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**I certify that personal identifiers provided to secure the police record check are accurate and I voluntarily and knowingly authorize Dayton Metro Library to submit information to the BCI&I to conduct a criminal records check for information relating to me.**

**I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest and conviction and juvenile delinquent adjudicated records to Dayton Metro Library.**

**I voluntarily and knowingly release and discharge the Ohio Attorney's Generals' Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.**

**If hired I understand that this authorization will remain in my personnel file and will serve as ongoing authorization for DML to procure related information at any time during my employment. Further I understand that an unacceptable police record, or failure to immediately report a conviction, may be grounds for ineligibility for hire and/or for continued employment.**

\_\_\_\_\_  
Applicant Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guradian Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature