



St. Clairsville Public Library

The St. Clairsville Public Library will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(please print)

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone Number(s)	Email Address		
Position(s) applied for:	Date of Application		

Are you at least 18 years of age? Yes No
 If not, employment is subject to verification of age.

Have you ever filed an application with The St. Clairsville Public Library before? Yes No
 If Yes, please give date: _____

Are you currently employed? Yes No

On what date would you be available to work?

What type of employment are you seeking? Full Time Part Time Shift Work Temporary

Have you ever been convicted of a crime? (other than a traffic violation) Yes No
 If Yes, please explain: Date: _____ Location: _____
 Nature of Offense: _____

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EDUCATION & TRAINING

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, hobbies and extra-curricular activities :

List professional, trade, business or civic activities and offices held:
(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

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EMPLOYMENT EXPERIENCE

Start with your current or last job. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed (State month and year) From: _____ To: _____	
	Address		
	Telephone Number(s)	Final Hourly Rate of Pay \$ _____	
	Job Title		Supervisor
	Work Performed		
	Reason for Leaving		

2	Employer	Dates Employed (State month and year) From: _____ To: _____	
	Address		
	Telephone Number(s)	Final Hourly Rate of Pay \$ _____	
	Job Title		Supervisor
	Work Performed		
	Reason for Leaving		

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
	Employer Number(s) _____ Reason _____ _____

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EMPLOYMENT EXPERIENCE CONT.

Start with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

3	Employer	Dates Employed (State month and year)	
	Address		From: _____
	Telephone Number(s)	To: _____	
	Job Title	Supervisor	Final Hourly Rate of Pay
	Work Performed	\$ _____	
	Reason for Leaving		

4	Employer	Dates Employed (State month and year)	
	Address		From: _____
	Telephone Number(s)	To: _____	
	Job Title	Supervisor	Final Hourly Rate of Pay
	Work Performed	\$ _____	
	Reason for Leaving		

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p><i>DO NOT CONTACT</i></p>
<p>Employer Number(s) _____ Reason _____</p> <p>_____</p>	

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Additional Information

Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Customer service |
| <input type="checkbox"/> Access | <input type="checkbox"/> Leading groups |

Other (please list):

State any additional information you feel may be helpful to us in considering your application:

Work Related References

- (name) (Relationship to you)

(address) (phone)
- (name) (Relationship to you)

(address) (phone)
- (name) (Relationship to you)

(address) (phone)

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. This may include securing a report concerning my honesty and reliability from former employers, personal references and educational institutions.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without any prior notice, with or without cause.

Signature of Applicant

Date

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**THE ST.CLAIRSVILLE PUBLIC LIBRARY
AUTHORIZATION AND RELEASE FORM**

I have applied to The St. Clairsville Public Library for employment and I desire that they be fully advised of my work experience, business activities, education, general reputation, character, and personal characteristics. This inquiry may be conducted by the Agency, its employees or an independent company retained by the Agency. I authorize and request any and all of my present and former employers, personal references, educational institutions, law enforcement and credit agencies and/or any other person to furnish to the Agency or its agents any information that they may have concerning the above-referenced matters. This may include, but is not limited to, educational history, a history of my employment and the reasons for termination thereof, and criminal background information.

I hereby release the Agency, or any company retained by the Agency, from all liability and responsibility, in connection with making the aforesaid inquiry, including their agents and employers. Further I release from any and all liability whatsoever all persons, institutions, employers, organizations and/or companies providing information pursuant to this authorization and request.

Signature of Applicant

Date

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