

Return this application to:
Grandview Heights Public Library
Attn: Administration
1685 W. First Avenue
Columbus, Ohio 43212
614-486-2951
emcneil@ghpl.org



APPLICATION FOR EMPLOYMENT

Name: _____
Last First Middle

Current Address: _____ Phone: _____
Street City State Zip

E-mail: _____ Are you under 18 years of age: Yes ☐ No ☐ If yes, birthdate _____

Are you legally permitted to work in the United States? Yes ☐ No ☐

Position(s) desired: _____ Full-time ☐ Part-time ☐ Either ☐

Please check the box for hours when you are available to work.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Date available to start? _____ Are you related to/reside with anyone at Grandview Library? Yes ☐ No ☐

Have you ever been employed by Grandview Heights Public Library? Yes ☐ No ☐ When? _____

Reason for leaving? _____

Do you have any time commitments that might interfere with your employment? Yes ☐ No ☐

If yes, please explain. _____
(Include extra-curricular activities for students)

Have you ever been dismissed from or asked to resign from any employment position? Yes ☐ No ☐

If yes, please explain: _____

Why are you interested in working for Grandview Heights Public Library? _____

Why do you feel qualified for the position(s) for which you are applying? _____

EDUCATION

HIGH SCHOOL: If current student your Grade _____ School Name _____ Did you graduate? Yes ☐ No ☐ GED ☐

COLLEGE: _____ Years completed: _____ Degree _____ Major _____

GRADUATE SCHOOL: _____ Years completed: _____ Degree _____ Major _____

Continued>

SPECIAL TRAINING/MILITARY SERVICE

Please list information about any special training you have received or military service experience which you feel would be relevant to employment at the Library. _____

EMPLOYMENT DATA

Give past employment record as completely as possible starting with most recent employer.

CURRENT OR MOST RECENT EMPLOYER:

Phone _____
Address _____
Dates Employed From: _____ To: _____ Position(s) held _____
Supervisor _____ Job Duties _____
Why do you wish to leave your present employer? _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ☐ NO ☐

PREVIOUS EMPLOYER:

Phone _____
Address _____
Dates Employed From: _____ To: _____ Position(s) held _____
Supervisor _____ Job Duties _____
Reason for leaving? _____

ADDITIONAL INFORMATION

Please list any School Activities, Volunteer Positions, Community Involvement, or other Opportunities that may include experience for the position applied for.

Activity/Organization

Responsibilities

REFERENCES

Please list three individuals, other than relatives, who are familiar with your qualifications and whom we may contact for a recommendation. **For High School Students include one teacher** as a reference.

Name

Phone Number

Relationship

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Applicant's Signature

Date