

Return this application to:  
Grandview Heights Public Library  
Attn: Ryan McDonnell, Director  
1685 W. First Avenue  
Columbus, Ohio 43212  
614-486-2951  
RMcDonnell@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 \_\_\_\_\_

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## 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