

If the job posting listed a driver's license or commercial driver's license for the job, please answer the following:

Do you have a valid Ohio driver's license? Yes No

Do you presently have or are you able to obtain a valid Ohio commercial driver's license? Yes No

Has your driver's license been suspended or revoked within the last three (3) years? Yes No

Have you any traffic violations in the past three (3) years? Yes No

If yes, please list:

OFFENSE

APPROXIMATE DATE/YEAR

<u>OFFENSE</u>	<u>APPROXIMATE DATE/YEAR</u>

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference? Yes No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) you are applying:

List professional organization memberships and offices held, **excluding** those which would indicate race, color, religion, sex age national origin, political affiliation, disability and/or ancestry:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position first – including U.S. Military Service. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

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REASON FOR LEAVING		

REFERENCES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the Library are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

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 pervious employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position.

APPLICANT'S SIGNATURE _____ DATE _____

Applicants must submit a new application for consideration for a new position.

FOR INTERNAL USE ONLY	
ARRANGE INTERVIEW:	YES <input type="checkbox"/> NO <input type="checkbox"/>
REMARKS: _____	

INTERVIEWER'S SIGNATURE _____ DATE _____	
EMPLOYED: YES <input type="checkbox"/> NO <input type="checkbox"/>	STARTING DATE: _____ STARING RATE: _____
JOB TITLE: _____	

CARNEGIE PUBLIC LIBRARY

EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the Library to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIONAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR:

RACE/ETHNIC GROUP:

- Native American /Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Black
- White

SEX:

- Female
- Male

VIETNAM ERA VETERAN:

- Yes
- No

DISABLED VETERAN:

- Yes
- No

DO YOU HAVE A DIABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSILE WORK ENVIRONMENT?

- Yes
- No

REFERRED BY: Job Posting
 Friend

- Newspaper
- Other (please specify):

Thank you for completing this form

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.