



PUT-IN-BAY ■ PORT CLINTON ■ MARBLEHEAD

Ida Rupp Public Library  
310 Madison Street  
Port Clinton, OH 43452  
www.idarupp.org

*Ida Rupp Public Library is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.*

### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_  
Are you related to any Library Employee or Library Trustee? YES  NO

#### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Years Completed \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact this employer?                      YES                      NO  
                        

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?                      YES                      NO

Previous Employment (Continued)

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? YES  NO

**Military Service (Complete if you have served in the U.S. Armed Forces)**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

**Other Qualifications**

Summarize special job-relates skills and qualifications acquired form employment or other experience.

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**Available Hours**

Please check times you are available to work

|           | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning   |        |         |           |          |        |          |        |
| Afternoon |        |         |           |          |        |          |        |
| Evening   |        |         |           |          |        |          |        |

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. I understand falsified information or significant missions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a late date. I also understand that successful completion of background check will be required before commencement of employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_