



# Mansfield/Richland County Public Library

## Application for Employment

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to complete the application or interview process should contact Human Resources.  
Incomplete or illegible applications will not be considered for employment. All applications must contain contact information for at least two professional references.

Position applying for \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate \_\_\_\_\_ Best time to call \_\_\_\_\_

How did you find out about this position?

Library Website     NEO Website     Ohio Means Jobs     Indeed

On-site Posting     OPLIN or OLC     Other \_\_\_\_\_

Have you worked for M/RCPL in the past?  Yes  No    If yes, please list dates \_\_\_\_\_ to \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No    Date you're available to start work \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No (Proof of employment eligibility is required at time of hire.)

### Circle your availability (not applicable for Custodian or Maintenance positions):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:30 – 5p	8a – 12p	8a – 12p	8a – 12p	8a – 12p	8a – 12p	8a – 1p
	12p – 4p	12p – 4p	12p – 5p	12p – 4p	12p – 5p	1p – 5p
	4p – 8p	4p – 8p		4p – 8p		

Does the Mansfield/Richland County Public Library employ any of your relatives, or are you related to any MRCPL Board members?  Yes  No

If yes, please list that person's name and relationship to you.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Employment History** Starting with your most recent employer, please provide for all employment held:

Employer	Phone (   )
Address City State Zip	Dates Employed: to
Job Title	
Immediate Supervisor's Name & Title	Phone (   )
Why did you leave?	<b>May we contact for reference?</b> ___ Yes ___ No ___ Later
Duties performed	
What did you like most about the position?	
What did you like least about the position?	

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Address City State Zip	Dates Employed: to
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Duties performed	
What did you like most about the position?	
What did you like least about the position?	

**Educational Background** Start with the most recent school you attended.

School (include City and State)	Completed?	Degree	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

**Skills & Qualifications**

Summarize any special training, skills or job-related experience that may assist you in performing the duties of the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Computer Skills**

Are you proficient with Information Management Tools, such as Windows and Microsoft Office?  Yes  No

List any Integrated Library Systems and databases used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Professional Affiliations, Certifications and Licensures** (Exclude memberships that would reveal race, color, religion, gender, sexual orientation, national origin, citizenship, age, mental or physical disabilities, marital or veteran status or any other legally protected status.)

<b>Professional Memberships and Affiliations:</b>	
Organization/Group Name	Office Held
Organization/Group Name	Office Held
Organization/Group Name	Office Held

**Professional and Trade Licenses/Certifications:**

License/Certification

Issued by

Date

License/Certification

Issued by

Date

License/Certification

Issued by

Date

**Professional References** (Please do not include relatives, religious leaders or supervisors already listed on page 2.)

Name	Professional Relationship to You	Contact Number

**Acknowledgement/Authorization**

Applicants for employment with the Mansfield/Richland County Public 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, gender, sexual orientation, age, national origin, political affiliation, disability, ancestry, marital or veteran status or any other legally protected status.

I certify, to the best of my knowledge, that all information contained in this application is true, complete and correct. I understand this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that any material omission, misrepresentation or falsification of this information is ground for dismissal from or refusal of employment. **I further understand that if hired, Mansfield/Richland County Public Library can terminate my employment for any reason at any time, with or without cause or prior notice.**

I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

I hereby authorize a background investigation of all information 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. If the position requires it, I authorize the Mansfield/Richland County Public Library to perform a credit check for bonding purposes. I understand that by giving consent to conduct a background check, validate my information or otherwise verify my employability, I am agreeing to hold harmless all individuals and entities who provide or receive information related to this check or verification. I acknowledge my willingness to indemnify all person and entities from any damages which may arise from receiving or providing information related to my application for employment.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the above text.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Completed applications can be returned to any M/RCPL location or mailed to the Business Office, 43 W Third St, Mansfield OH 44902.**



# Mansfield/Richland County Public Library

## APPLICANT OPTIONAL VOLUNTARY QUESTIONNAIRE for SELF-IDENTIFICATION of RACE/ETHNICITY and VETERAN STATUS

Ohio Fair Employment Practices Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, ancestry or age.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility and will only be used to assist with our reporting obligations and hiring statistics. **Completion of this form is optional.**

POSITION APPLIED FOR: \_\_\_\_\_

**Section 1: Race/Ethnicity**      **Please check one of the options below:**

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.
- White** (*Not Hispanic or Latino*) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (*Not Hispanic or Latino*) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (*Not Hispanic or Latino*) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (*Not Hispanic or Latino*) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, china, India, japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (*Not Hispanic or Latino*) a person having origins in any of the original peoples of North and south America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races** (*Not Hispanic or Latino*) all person who identify with more than one of the above five races.
- I prefer not to answer.**

**Section 2: Veteran's Status**

**Are you a veteran of the United States Military Armed Forces?**

I prefer not to answer.

No

Yes

If Yes, are you a Protected Veteran?

A veteran who may be classified as a Disabled Veteran, Recently Separated Veteran, Active Duty Wartime or Campaign Badge Veteran or Armed Forces Service Medal Veteran.

**Disabled Veteran**

A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval or air service.

**Active Duty Wartime or Campaign Badge Veteran**

A veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran**

A veteran who, while serving on active duty in the US military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.

I am not a Protected Veteran.

I prefer not to answer.

Thank you for completing this form.