

Name \_\_\_\_\_

Professional

Non-Professional

Date \_\_\_\_\_



Stow ▪ Munroe Falls  
**PublicLibrary**

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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or disability.

12/2018



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GENERAL INFORMATION

*Please print clearly or fill out electronically using Acrobat Reader*

NAME: Last	First	MI
Street Address	Telephone Number	
City	State	Zip
Email		

Are you 18 or older?     YES                       NO

Availability:                       Full Time Only     Part Time Only     Full OR Part Time

What hours are you available to work?                       Daytime                       Evening                       Weekend

What type of job are you interested in?

Professional Library Position                      Please Specify: \_\_\_\_\_

Non-Professional Library Position                      Please Specify: \_\_\_\_\_

*Continues on the next page*

List all schools attended: high school, technical/vocational, college, business, military, etc. Use another sheet, if necessary.

EDUCATION	School	Did you Graduate?	Certification or Degree Received	Major/Minor Subjects
	Name	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Address			
	Name	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Address				
Name	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Address				

SKILLS	Computer Knowledge
	Clerical Skills
Special interests, hobby(ies), or craft(s) – please explain:	
Previous library work – please explain:	

Beginning with your most recent employer, please list your last three (3) employers

EMPLOYMENT	Name of Employer		Job Title/Position	
	Address		Telephone	
	Name of Supervisor	Reason for Leaving		
	Dates Employed:			
	From _____	To _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Brief description of duties:			
	Name of Employer		Job Title/Position	
	Address		Telephone	
	Name of Supervisor	Reason for Leaving		
	Dates Employed:			
	From _____	To _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brief description of duties:				
Name of Employer		Job Title/Position		
Address		Telephone		
Name of Supervisor	Reason for Leaving			
Dates Employed:				
From _____	To _____	May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Brief description of duties:				

**Agreement (please read before signing)**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given on the application or in the interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Stow-Munroe Falls Public Library.

Date \_\_\_\_\_

Signature \_\_\_\_\_



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(330) 688-3295 • [www.smfpl.org](http://www.smfpl.org)  
Mon. - Thurs. 9 AM - 9 PM • Fri. 9 AM - 6 PM  
Sat. 9 AM - 5 PM • Sun. 1 PM - 5 PM

An Equal Opportunity/Affirmative Action Employer