

**APPLICATION FOR EMPLOYMENT**  
**Application must be MAILED to the Library.**  
**No applications accepted unless by MAIL.**

**Dr. Samuel L. Bossard Memorial Library/Gallia County District Library**  
**7 Spruce Street Gallipolis, Ohio 45631**

The Dr. Samuel L. Bossard Memorial Library/Gallia County District Library is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, military or veteran status, disability, genetic information, or any other characteristic protected by law.

**INTRODUCTORY INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address where you may be contacted if different from present address:  
\_\_\_\_\_

Have you previously worked for the Library? Y N If yes, reason for leaving.  
\_\_\_\_\_

Are you related to any current Library employee? Y N If yes, who? \_\_\_\_\_

**APPLICANT QUESTIONS**

Position(s) desired: \_\_\_\_\_ Date Available to start: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Y or N

Are you 16 (sixteen) years of age or older? Y or N

Why are you interested in working for the Dr. Samuel L. Bossard Memorial Library/Gallia County District Library?

**EDUCATION AND TRAINING**

Please complete all questions in the high school section if still in school.

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of Years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Did you ever work in the school library? If yes, describe.

**College or Technical School:**

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of Years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**Other Schooling or Training:**

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of Years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**SPECIAL SKILLS & TRAINING**

In which computer programs do you feel you have proficiency?

Do you have any advanced training, licenses, foreign languages, continuing education, or special study experience that you think would be helpful in the position for which you are applying? Please list:

**RECORD OF EMPLOYMENT:**

List all positions starting with the most recent (use additional paper if necessary):

.....  
Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
.....

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
.....

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
.....

May we contact your current employer? Y N

Is there any information we need about your name or use of another name to be able to check your work record?

**WORK-RELATED REFERENCES: (Do not include relatives)**

| Name  | Occupation | Years Known | Contact Information |
|-------|------------|-------------|---------------------|
| _____ | _____      | _____       | _____               |
| _____ | _____      | _____       | _____               |
| _____ | _____      | _____       | _____               |

If you need accommodation in order to perform the essential functions of the position for which you are applying, please describe your need(s) in the space below.

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**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with the Dr. Samuel L. Bossard Memorial Library/Gallia County District Library is at-will, meaning that I or the Library may terminate my employment at any time, or for any reason, with or without cause.

I authorize the Library to conduct a thorough background investigation of my work and personal history, and verify all data given on this application, any resume I submit, and during interviews. I also give my consent to contact the Bureau of Motor Vehicles for the Moving Vehicle Violation Report if such information is required to perform the duties of the position. I hereby release the Library, and its representatives or agents, and hold them harmless from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them and hold them harmless from all liability for providing the requested information.

I understand this application is valid only for the position for which I have applied. I also understand that this application will be maintained on file for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application and any resume I submit are true to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

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**FAIR CREDIT REPORTING ACT  
DISCLOSURE**

The Dr. Samuel L. Bossard Memorial Library (the "Library"), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA") which applies to you. As an applicant for employment or employee of the Library, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others such as the Library.

A "consumer report" is any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If the Library obtains a "consumer report" about you and if the Library considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

**ACKNOWLEDGED:**

\_\_\_\_\_  
NAME (Signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name of Applicant/Employee

**FOR MINOR APPLICANTS ONLY:**

\_\_\_\_\_  
NAME OF PARENT OR LEGAL GUARDIAN (Signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

**FAIR CREDIT REPORTING ACT  
AUTHORIZATION AND RELEASE**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the Dr. Samuel L. Bossard Memorial Library (the "Library") to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding whether to offer me employment, when deciding whether to continue my employment (if I am hired), and when making other employment related decisions directly affecting me. I further release the Library from any claims or liabilities of any kind resulting from its obtaining and using any such consumer reports. I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure that the Library provided for me in conjunction with this Authorization.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

**FOR MINOR APPLICANTS ONLY:**

\_\_\_\_\_  
NAME OF PARENT OR LEGAL GUARDIAN (Signature)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Minor

# **Dr. Samuel L. Bossard Memorial Library**

## **Background Check Consent and Release Form for Employees**

Background checks and fingerprinting are required of all employees. After providing the requested information below and signing, please complete the background check certification.

I understand that to be an employee at the Library, I am required to provide personal information sufficient for the Library to investigate my background including information pertaining to my character, general reputation, criminal record, security background, and financial and credit history. I understand the investigation may include, but not be limited to:

- Local and National Criminal Background records/information
- All Fifty State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I have read this Consent and Release form, and by signing below consent to its terms, and authorize the Library or its agent to conduct criminal records and background checks in conjunction with my application for employment. I release and hold harmless the Library, its agents, and any person, firm, or organization that provides information or records from any and all claims or liability arising out of or as a result of such investigation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (first, middle and last)

**(FOR MINOR APPLICANTS ONLY)**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (first, middle and last)

\_\_\_\_\_  
Print Relationship to Minor