

THE BROWN COUNTY PUBLIC LIBRARY - Employment Application

Today's Date _____

YOUR CONTACT INFORMATION

Last Name First Name Middle Name

P.O. Box - Number and Street

City State Zip Code

PREFERRED PHONE: (_____) _____ - _____

OTHER PHONE: (_____) _____ - _____

EMAIL ADDRESS:

IF you are under 18 years of age, date of birth: _____

Are you related to any current library staff or Board members? (circle): YES NO

If yes, list names of those relatives: _____

I prefer to work (circle):

30-40 hours/week 20-30 hours/week Other: _____ No Preference

My preferred location is (1=1st choice, 2=2nd choice, etc.):

Fayetteville _____ Georgetown _____ Mt. Orab _____ Sardinia _____ No Preference

If hired, I could begin work on this date: _____

EDUCATION: If all required information appears on an attached résumé, you may write "see résumé" in the spaces below.

HIGH SCHOOL:

CITY, STATE:

FIELD OF STUDY:

DIPLOMA received?

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EDUCATION (continued):

COLLEGE/UNIVERSITY:
CITY, STATE:
FIELD OF STUDY:
DEGREE completed:

OTHER:
CITY, STATE:
FIELD OF STUDY:
DEGREE completed:

WORK EXPERIENCE (begin with your present job and work backwards)

DATES	JOB TITLE and PRIMARY RESPONSIBILITIES	COMPANY NAME, CITY & STATE

May we contact your present employer? (circle) YES NO

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Have you ever been discharged or asked to resign? (circle) YES NO

If yes, explain: _____

VOLUNTEER EXPERIENCE (begin with present activities and work backwards)

DATES	JOB TITLE and PRIMARY RESPONSIBILITIES	COMPANY NAME, CITY & STATE

REFERENCES - Contact information for 3 people (not related to you) who are familiar with your personal or professional abilities:

NAME	PERSON'S RELATIONSHIP TO YOU	PHONE NUMBER and EMAIL ADDRESS

<p>Return application to:</p>	<p>Brown County Public Library Business Office P.O. Box 527 Mt. Orab, OH 45154 bcpl.bookly@gmail.com</p>
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EQUAL OPPORTUNITY EMPLOYER

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APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by The Brown County Public Library (The BCPL), my employment is entirely "at will," which means that my employment is not guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages, and with or without prior notice at any time, at the option of either The BCPL or myself. I understand and agree that The BCPL reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at any time with or without notice.

I understand and agree that no other oral or written agreements or promises of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements or promises between any BCPL representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the BCPL, other than the President of the Board, acting on behalf of the Board of Trustees, has any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with The BCPL, except that the above mentioned official of The BCPL may do so in writing, although the terms of that agreement cannot contradict the contents of this Agreement. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by The BCPL, and if I accept that offer, this document will serve as the only agreement between The BCPL, its representatives and me. I also agree that \$1.00 of the wages that I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize The BCPL to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone that The BCPL contacts as part of its investigation to release any information they have regarding me or my employment to The BCPL or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to The BCPL. Further, I release The BCPL from all liability for any information it might deem appropriate to release regarding me and my employment in the future.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by The BCPL at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by The BCPL. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements that I have falsified on this application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions contained herein.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with The BCPL or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that if I am hired, this employment application will become part of my official employment record.

SIGNATURE _____

DATE _____