



# OHIO HISTORICAL SOCIETY E-APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source)

- Walk-in \_\_\_\_\_  School \_\_\_\_\_
- Employee \_\_\_\_\_  Staffing Agency \_\_\_\_\_
- Ad \_\_\_\_\_  Other \_\_\_\_\_
- OHS Website \_\_\_\_\_  Other Internet \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

Have you submitted an application here before?  Yes  No

If **yes**, give date(s) and position(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay? \$\_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Seasonal  Temporary

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If **no**, please explain \_\_\_\_\_

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?

If **yes**, please provide date(s) and detail: \_\_\_\_\_

**EXPERIENCE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume *in addition* to completing this section. **If you need additional space, attach extra copies of this page.**

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Summarize the type of work performed and job responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Compensation (Starting)  
 Hourly  Salary \_\_\_\_\_  
Compensation (Ending)  
Compensation (Ending)  
 Hourly  Salary \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Summarize the type of work performed and job responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Compensation (Starting)  
 Hourly  Salary \_\_\_\_\_  
Compensation (Ending)  
Compensation (Ending)  
 Hourly  Salary \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Summarize the type of work performed and job responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Compensation (Starting)  
 Hourly  Salary \_\_\_\_\_  
Compensation (Ending)  
Compensation (Ending)  
 Hourly  Salary \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_  
What were the things you liked least about the position? \_\_\_\_\_

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## Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability: \_\_\_\_\_

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If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

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## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

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## EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

SCHOOL NAME & LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

- Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_
- Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Presentation \_\_\_\_\_ Years: \_\_\_\_\_
- E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			(____)	
			(____)	
			(____)	

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**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. (Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s Executive Director.

I understand the Ohio Historical Society is a Drug-free Workplace and conducts drug testing in certain circumstances. I understand that all final candidates for positions will undergo pre-employment drug testing, which must be passed satisfactorily for continued consideration for employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I authorize the Ohio Historical Society (the Society) and authorized employees to obtain information through a criminal background check report regarding my employment suitability and qualification. I hereby consent to the collection of my fingerprints for the purpose of this background check. The background check report may include information on felony and misdemeanor arrests and convictions.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

**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 foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# OHIO HISTORICAL SOCIETY

## AFFIRMATIVE ACTION VOLUNTARY INFORMATION

The Ohio Historical Society considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referral Source (Please check the appropriate category and name the source)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Ad \_\_\_\_\_
- OHS Website \_\_\_\_\_
- School \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Other \_\_\_\_\_
- Other Internet \_\_\_\_\_

Name of person who referred you (if applicable) \_\_\_\_\_

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  Female  Male

### EEO Self Identification - Please check the box (only one) that best applies to you:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, 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 persons who identify with more than one of the races above, excluding Hispanic or Latino.

Applicant's Signature \_\_\_\_\_