

## Application for Employment: Community District Library

As an equal opportunity employer, we will consider qualified applicants for all positions without regard to race, color, handicap, sex, religion, national origin, age, marital, or veteran's status. If you have a disability and need accommodation in order to participate in this process, please contact the Library Director.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (Last) (First) (Middle)

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a U.S. Citizen or permanent resident alien? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

Have you filed an application before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date(s) \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Type of work sought: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Other \_\_\_\_\_

If part-time, please specify hours and days desired: \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

### Education

|                   | Name/Location | Years Completed | Diploma/Degree | Course of Study |
|-------------------|---------------|-----------------|----------------|-----------------|
| Vocation/Training |               |                 |                |                 |
| High School       |               |                 |                |                 |
| College           |               |                 |                |                 |
| Graduate          |               |                 |                |                 |

Any other educational training

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## Military Service Record

Have you had experience in the Armed Forces of the United States or in a State National Guard?

Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Date of discharge \_\_\_\_\_ Are you in the reserves? Yes \_\_\_ No \_\_\_

If yes, date obligation ends \_\_\_\_\_

Special/technical training: \_\_\_\_\_

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## Relevant Experience

List any licenses, registrations, certifications and skills you possess:

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Have you had any other experience which would help you in this job? (For example, misc. employment, hobbies, work for schools, community groups, clubs or associations, or military experience)

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**Employment Experience:** List current or most recent job first

1. Employer and Address (Last or Present Employer) \_\_\_\_\_

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Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Describe your duties: \_\_\_\_\_

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From: Month \_\_\_\_\_ Year \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

To: Month \_\_\_\_\_ Year \_\_\_\_\_

Final Salary \_\_\_\_\_ Hours per week \_\_\_\_\_ No. of Employees you Supervised \_\_\_\_\_

2. Employer and Address (Next Previous Employer) \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Describe your duties: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

To: Month \_\_\_\_\_ Year \_\_\_\_\_

Final Salary \_\_\_\_\_ Hours per week \_\_\_\_\_ No. of Employees you Supervised \_\_\_\_\_

3. Employer and Address (Next Previous Employer) \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Describe your duties: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

To: Month \_\_\_\_\_ Year \_\_\_\_\_

Final Salary \_\_\_\_\_ Hours per week \_\_\_\_\_ No. of Employees you Supervised \_\_\_\_\_

**References** (Do not include relatives)

| Name | Mailing Address | Phone Number | Relationship |
|------|-----------------|--------------|--------------|
|      |                 |              |              |
|      |                 |              |              |
|      |                 |              |              |

## Additional Information

Have you been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where, when, and nature of offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION AND UNDERSTANDING

### Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit, or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at anytime during my employment.

### ADA Accommodation Request

I understand that Michigan law requires employers to make accommodations to applicants and employees with handicaps where the accommodation does not impose an undue hardship on the Employer. I further understand employees and applicants with handicaps may request an accommodation of their handicap by notifying the Library in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. Failure to properly notify the Library will preclude any claim that the Library failed to accommodate the individual.

### Limitation on Time for Employment Complaints

I AGREE THAT ANY ACTION OR LAWSUIT AGAINST THE LIBRARY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES. MUST BE BROUGHT WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIOD TO THE CONTRARY.

Signature \_\_\_\_\_ Date \_\_\_\_\_