

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

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: _____

Relevant Experience

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

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)

Employment Experience: List current or most recent job first

1. Employer and Address (Last or Present 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 _____

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 _____