

# EMPLOYMENT APPLICATION

**TO APPLICANT: WE DEEPLY APPRECIATE YOUR INTEREST IN OUR ORGANIZATION AND ASSURE YOU THAT WE ARE SINCERELY INTERESTED IN YOUR QUALIFICATIONS. A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS AND MAY ASSIST US IN POSSIBLE FUTURE UPGRADING. WE ARE AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.**

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Availability:  Full-Time  Part-Time Specify Days and Hours if Part-Time

Were you previously employed by us?  Yes  No. If yes, when? \_\_\_\_\_

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

## - PERSONAL -

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
LAST – FIRST – MIDDLE

Present Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Are there any reasons you may have difficulty in performing any of the major duties of the job for which you applied?  Yes  No. If yes, please explain: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No. Are you a citizen of the United States?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

Who suggested that you apply for a position here? \_\_\_\_\_

Do you have a valid Michigan driver's license?  Yes  No.

Driver's license number \_\_\_\_\_

## - EDUCATION -

CIRCLE LAST YEAR COMPLETED Describe any other education or training: \_\_\_\_\_

High School 1 2 3 4

College 1 2 3 4

## - MILITARY SERVICE RECORD -

Were you in the U.S. Armed Forces?  Yes  No. If yes, what Branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
MO DAY YR MO DAY YR

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	<u>Dates Employed</u>		Work Performed
	From _____ / _____ To _____		
Address			
Telephone number(s)	<u>Hourly Rate</u>	<u>Salary</u>	
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
2. Employer	<u>Dates Employed</u>		Work Performed
	From _____ / _____ To _____		
Address			
Telephone number(s)	<u>Hourly Rate</u>	<u>Salary</u>	
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
3. Employer	<u>Dates Employed</u>		Work Performed
	From _____ / _____ To _____		
Address			
Telephone number(s)	<u>Hourly Rate</u>	<u>Salary</u>	
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Briggs District Library.

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

\_\_\_\_\_  
Date

I hereby authorize my former employers to provide the Briggs District Library any information pertaining to my employment by them, including but not limited to, my job title, department, headquarters, service date, termination date, reason for termination. I also specifically waive the written notice requirement of Section 6 of Public Act 397 of 1978 and its amendments if any pertaining to a disciplinary report, letter of reprimand or other disciplinary action.

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

\_\_\_\_\_  
Date