



Spring Lake District Library
123 E. Exchange Street
Spring Lake, MI 49456

EMPLOYMENT APPLICATION

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Spring Lake District Library will be based on merit, qualifications, and abilities. Spring Lake District Library does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, disability, height, weight, marital status, or any other characteristic protected by law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Date of Application ____/____/____

Name _____ Home Phone (____) _____
 LAST FIRST MIDDLE

Email Address _____

Present Address _____
 NUMBER STREET CITY STATE ZIP

Are you 18 or over? Yes No

Driver's License # _____ from State _____ Currently Valid? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? Yes No

If no, please explain _____

EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment?

Position applied for _____

Date available to start _____

Have you ever applied to or worked for our company before? Yes No

If your answer to the above questions is Yes, state when and where you applied and /or worked.

How did you learn of our company and /or position?

Are there any days or hours you would be unable or unwilling to work: Yes No

If yes, please specify those days or hours you would be unable or unwilling to work. _____

Can you perform the essential functions of the position applied for with or without reasonable accommodations?

Yes No

How many unexcused absences from work have you had in the last year? _____

EDUCATION:

Name, Address and Location	Graduated	Courses Studied
High School	Yes No	Diploma
Trade School	Yes No	Diploma
College	Yes No	Diploma
Graduate School	Yes No	Diploma

MILITARY:

Have you ever served in the military? Yes No

Service Branch _____ Final Rank _____

SPECIAL SKILLS:

List those skills & abilities which you feel particularly qualify you for the position applied for.

EMPLOYMENT INFORMATION

List names of employers in consecutive order with present or last employer listed first.

Employer	Dates Employed		Pay
Address	From:	To:	Starting
City, State, Zip Code	Mo. ___	Mo. ___	\$ ___
Telephone Number ()	Year ___	Year ___	Ending
Title			\$ ___
Duties			

Name and Title of Last Supervisor

Reason for Leaving

Employer	Dates Employed		Pay
Address	From:	To:	Starting
City, State, Zip Code	Mo. ___	Mo. ___	\$ ___
Telephone Number ()	Year ___	Year ___	Ending
Title			\$ ___
Duties			

Name and Title of Last Supervisor

Reason for Leaving

Employer	Dates Employed		Pay
Address	From:	To:	Starting
City, State, Zip Code	Mo. ___	Mo. ___	\$ ___
Telephone Number ()	Year ___	Year ___	Ending
Title			\$ ___
Duties			

Name and Title of Last Supervisor

Reason for Leaving

If you worked in any of your positions under another name, please give that name(s) below: (For reference checking purposes).

Name _____ Company _____

Name _____ Company _____

Are you presently employed? Yes No

Have you ever been fired, or asked to resign, from a job? _____ If yes, please explain _____

REFERENCES:

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation

If you are hired by the Spring Lake District Library you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

READ CAREFULLY BEFORE SIGNING

I certify that my answers given herein are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading or otherwise incorrect statements or omissions made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Spring Lake District Library to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Spring Lake District Library and as permitted by law. I consent to such examinations and drug tests, and I request that the results of such examinations or tests be disclosed to the Spring Lake District Library which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the library's drug and alcohol policy.

I agree that, if I am employed, I will abide by all the rules and regulations of the library. I also understand that my employment is “at-will” and may be terminated by myself or by the Spring Lake District Library at any time for any reason or no reason at all, with or without advance notice.

I agree that, if I am employed, any claim or lawsuit relating to my employment with or termination from Spring Lake District Library 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.

Signature _____

Date ____/____/____