



APPLICATION FOR EMPLOYMENT

To the applicant: We appreciate your interest in our Library and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; familial, marital or veteran status; or handicap.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Email Address _____ Social Security No. _____

Are you authorized to work in the United States? Yes _____ No _____ Are you 18 years or older? Yes _____ No _____

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

Supervisor Name(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED:

Position applied for: _____

Kind of work sought: Full time _____ Part time _____ Other _____

If part-time, please specify hours and days available: _____

Salary Desired: _____ Date available to work : _____

MILITARY SERVICE RECORD:

Have you had any 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 _____

EMPLOYMENT EXPERIENCE (List current or most recent job first)

1	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
2	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
3	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
4	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses Of Study
Elementary				
High School				
College				
Graduate				
Vocation/Training				

Any other educational training: _____

AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with Bloomfield Township Public Library. As part of our normal procedure during the recruitment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement carefully and indicate your agreement by signing below.

To Whom It May Concern:

I hereby authorize Bloomfield Township Public Library (the "Employer"), or other authorized representative of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the Employer or its authorized representative. I hereby release the Employer and any authorized representative, as the custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to Release Information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

DATED: _____

Full Name - Signature

Full Name – Print or Type

Current Address – Print or Type

Driver's License Number

State of Issue

Social Security Number

Telephone Number

Have you been known by any other names? _____

REFERENCES (Please include former supervisors or professional colleagues.)

	Name	Company/Title	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Have you ever 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 _____

List professional, trade, business or civic activities and offices held, excluding groups the name of character which indicates race; color; religion; sex; national origin; age; handicap; familial, marital or veteran status _____

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 understand the you may 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 pervious disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, 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 any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE DIRECTOR OF THE LIBRARY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE DIRECTOR. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Library as they are from time to time changed and that no additional obligations can be imposed by me on the Library except those which have been acknowledged, in writing, by the director or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

Handicap Accommodation Request

I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants 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 handicapper knows or should know that an accommodation is needed. Failure to properly notify the Township will preclude any claim that the employer failed to accommodate the handicapper under Michigan Law.

_____ Signature

_____ Date