

**SHIAWASSEE DISTRICT LIBRARY
EMPLOYMENT APPLICATION**

Date Applied: _____	Date Started: _____	Office Use Only Position: _____	DOB (after hire): _____
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NAME: _____ SS#: _____

ADDRESS: _____ Position Applied For: _____

_____ No. Hours Per Week: _____

Telephone: _____ US Citizen? YES NO

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Graduation Date</u>	<u>Degrees</u>
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High School _____

College _____

Other _____

Library Courses _____

Library Experience _____

EMPLOYMENT HISTORY

<u>Employer's Name</u>	<u>Address</u>	<u>Position</u>	<u>Dates</u>
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1. _____

2. _____

3. _____

PERSONAL REFERENCES

1. _____ Phone _____

Address _____

Occupation _____

2. _____ Phone _____

Address _____

Occupation _____

Person to be notified in case of emergency or accident:

Phone _____

Address _____

Have you ever been convicted of a felony? YES NO If yes, what? _____

READ CAREFULLY BEFORE SIGNING

I understand that any claim or lawsuit relating to my application or my employment or service with the Shiawassee District Library must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature _____

Revised 3-2008

THIS APPLICATION WILL BE KEPT ON FILE FOR 6 MONTHS. YOU MAY REAPPLY AT THAT TIME TO THE APPROPRIATE OFFICE.

RELEASE FORM

I CERTIFY THAT THE PRECEDING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I ALSO UNDERSTAND AND AGREE THAT:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from employment.
2. It is my understanding that the Shiawassee District Library will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Shiawassee District Library, and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by the Shiawassee District Library at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the Library at any time, I agree to submit to a search of my person or desk/work space that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical examination, at the Library's expense, at any time to determine if I am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job I am being considered for prior to employment or in the future during my employment with the Shiawassee District Library.
4. Operational needs of the Shiawassee District Library may make the following conditions mandatory: overtime, shiftwork, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that **NO** employment contract is offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Shiawassee District Library may change wages, benefits, and conditions at any time.

I have read and understand the above.

Signature of Applicant

Date

SPECIAL NOTE: THIS APPLICATION WILL BE KEPT ON FILE FOR SIX(6) MONTHS ONLY. RESUMES MAY BE ATTACHED TO THIS APPLICATION TO PROVIDE ADDITIONAL INFORMATION.