

**WEST BLOOMFIELD TOWNSHIP PUBLIC LIBRARY
APPLICATION FOR EMPLOYMENT
INTERN, MONITOR, ASSISTANT, SUBSTITUTE, TEMPORARY STAFF
(An equal opportunity employer)**

INSTRUCTIONS: Please print the requested information.

Date of application: _____
(Month/Day/Year)

Date available to begin work: _____
(Month/Day/Year)

PERSONAL INFORMATION:

Last Name	First	Middle	Social Security Number
Other Last Name	First	Middle	Driver's License Number
Street Address			Home Telephone () -
City, State, Zip			Other Telephone (please specify) () -
Are you legally eligible for employment in the U.S.?			Are you 18 years or older?

The West Bloomfield Township Public Library conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

If related to anyone in our employ, state name, department and relationship to you: _____

Have you ever been convicted of a crime? Yes (explain) No
(A criminal conviction record will not necessarily prohibit you from being employed.)

If yes, please list date, place and nature of offense: _____

Are there any felony charges presently pending against you? Yes (explain) No

Explanation: _____

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Explain: Yes No

EMPLOYMENT DESIRED:

Position applied for:	Pay/salary desired:
_____	_____
Will you accept part-time work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been an employee of the West Bloomfield Township Public Library?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been an employee of another library?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, library name/classification and reason for leaving: _____	

EDUCATION:

EDUCATION	SCHOOL NAME AND LOCATION	NO. OF YEARS COMPLETED	SUBJECTS STUDIED	DEGREES EARNED	G.P.A.
High School					
College/ University					
Vocational, Trade, Graduate School					

GENERAL:

Do you have any special training, skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for?

U.S. Military Service:

Branch of Service: _____

From: _____ To: _____

Rank or Rating: _____

Type of Discharge: _____

PHYSICAL RECORD:

In case of emergency, notify:

Name

Address

Phone

Medical Examinations: In accordance with the applicable legal requirements, the West Bloomfield Township Public Library may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination.

EMPLOYMENT INFORMATION:

Have you ever been discharged or requested to resign any job?

Yes

No

If yes, please explain circumstance:

Are you presently employed?

Yes

No

FORMER EMPLOYERS:

Please give an accurate, complete, full-time and part-time employment record for the past ten years. Start with the present or most recent employer. (List additional employers on a separate sheet, if necessary.) ***Please print all information.***

	Company Name:	Telephone: () -
1	Company Address:	Employed (List Month/Year) From: To:
	List Job Title/Responsibilities:	Reason for Leaving:

	Company Name:	Telephone: () -
2	Company Address:	Employed (List Month/Year) From: To:
	List Job Title/Responsibilities:	Reason for Leaving:

	Company Name:	Telephone: () -
3	Company Address:	Employed (List Month/Year) From: To:
	List Job Title/Responsibilities:	Reason for Leaving:

	Company Name:	Telephone: () -
4	Company Address:	Employed (List Month/Year) From: To:
	List Job Title/Responsibilities:	Reason for Leaving:

Please indicate if you would prefer that we not contact any of the listed employers, and briefly explain your reason.

Do you have any commitment to another employer that might affect your employment with us?

REFERENCES:

Please give the name of 3 persons not related to you, whom you have known for over a year.

Name	Address	Telephone	Business	Years Known	Relationship

SIGNATURE: *(Please read carefully before signing)*

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Library has the right to refuse to hire or immediately discharge me at any time if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the Library to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me.
- I authorize the Library to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Library from any liability in connection with such use of disclosure.
- If the Library hires me, I understand and agree that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Library can terminate the employment relationship at any time, with or without cause, with or without notice. This employment relationship exists regardless of any other written statements or policies or any other Library document or any verbal statement to the contrary. No one except the Library Director can enter into any kind of employment relationship or agreement that is contrary to the above. To be enforceable, any employment relationship or agreement, which is contrary to the above, must be in writing and personally signed by the Library Director and myself.
- I agree not to file any action or claim relating to my application for or employment with the West Bloomfield Township Public Library more than six (6) months after the date of the challenged action, and to waive any longer statute of limitations period.

Applicant's Signature: _____

Date: _____

Please return completed application to:

West Bloomfield Township Public Library
 Attention: Human Resources
 4600 Walnut Lake Road
 West Bloomfield, MI 48323