**APPLICATION FOR EMPLOYMENT**

**Brandon Township Public Library  
304 South Street**

**Ortonville MI 48462**

**AN EQUAL OPPORTUNITY EMPLOYER**

**INSTRUCTIONS:** Please print the requested information in the spaces provided below.

Date of Application: \_\_\_\_\_\_\_\_\_\_ Date available to begin work: \_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Last Name First MI | | |
| Other Last Name Other first Other Middle | | |
| Street Address | | Home Telephone  ( ) - |
| City, State, Zip | | Email Address |
| Are you legally eligible for employment in the U.S.?\* | Are you 18 years or older? | |
| If related to anyone in our employ or current trustee, state name and relationship to you. | | |

|  |
| --- |
| Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? |

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

**EMPLOYMENT DESIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION(S) APPLIED FOR: |  | | PAY/SALARY DESIRED: |
|  |  | |  |
| Will you accept part-time work? | |  | |
| Have you ever worked for another organization similar to the Brandon Township Public Library? | | **□** YES **□**  NO | |
| If YES, Position: \_\_\_\_\_\_\_\_ | | | |
| Reason for Leaving:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATION** | **Name and Location of School** | **No. of Years Completed** | **Subjects Studied** | **Degrees Earned** | **G.P.A.** |
| **High School** |  |  |  |  |  |
| **College/ University** |  |  |  |  |  |
| **Vocational/ Trade/Graduate School** |  |  |  |  |  |

**FORMER EMPLOYERS**

Please give an accurate, complete, full-time and part-time employment record for the past ten years. Start with present or most recent employer. Use additional sheet(s) if necessary.

Please Print All Information

|  |  |  |
| --- | --- | --- |
| 1 | Library/Company Name and your supervisor | Telephone  ( ) |
| Address City/State | Employed (List Month and Year)  From To |
| List Your Job Title and Responsibilities | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 2 | Library/Company Name and your supervisor | Telephone  ( ) |
| Address City/State | Employed (List Month and Year)  From To |
| List Your Job Title and Responsibilities | Reason for Leaving |

|  |  |  |
| --- | --- | --- |
| 3 | Library/Company Name and your supervisor | Telephone  ( ) |
| Address City/State | Employed (List Month and Year)  From To |
| List Your Job Title and Responsibilities | Reason for Leaving |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | TELEPHONE | BUSINESS | YEARS KNOWN |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE**   
**(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 or disclosure. |
| • | If I am hired by the Library, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are from time-to-time changed, with or without notice. |
|  | If I am hired by the Library, I understand 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 for any lawful reason, with or without cause, with or without notice. This at-will employment relationship exists regardless of any other written statements or policies or any other Library document or any verbal statements to the contrary. No one except the Library’s director can enter into any kind of employment relationship or agreement which 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’s director and myself. |
|  | Except when there is a shorter filing period, I agree not to file any action or claim relating to my application for or employment with Brandon 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 Brandon Township Public Library

Attention: Administration

304 South Street

Ortonville MI 48462

Approved: 3/28/2016