

## **EMPLOYMENT APPLICATION**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Personnel Department.

Position(s) applied	for		Date of application	
Referral Source	☐ Advertisement	☐ Employee ☐ Relative ☐	Government Employment Agency	
	□ Walk-In	☐ Private Employment Agency	y	
	Name of source (if	applicable)		
PERSONAL INF	ORMATION			
Name		FIRST	MIDDLE	
			State Zip	
Telephone #		E-mail Address		
Are you 18 years o	or older? 🗆 Yes 🗆 No	(If No, can y	vou furnish a work permit?) ☐ Yes [	∃ No
Have you ever bee	n employed by Chippev	va River District Library? If yes, g	give dates Yes	□ No
Are you legally eli	gible to work in the Uni	ited States?	Yes	□ No
Date available for	work?//	What is your desired	salary range? \$	
Would you prefer	□ Full-Time □	Part-Time	☐ Seasonal ☐ Intern	
			? □Yes	
SPECIAL SKILL	S AND QUALIFICAT	ΓIONS		
2 0,	-	rtificates that may qualify you as b	eing able to perform job related func	tions

Name and Location			Years of Attendance	I	id You aduate?	Course of Study
High School						
College						
Other						
MDI OVMENT HIS	TOPV (List x	our past 3 employers	s starting with th	a most r	econt)	
rom	To List y	Employer	, starting with th	e most i		ephone # )
Position Title		Address				,
Supervisor Name & Title	)	Nature of work perform	med and job respon	sibilities		
May We Contact For Re	eferences:	Hourly Rate/Salary				
Yes No	Later	Start \$	Hr/ Wk / Yr	Final	\$	Hr / Wk / Yr
		Start \$	mi/ VVK / YI	rinai	Ф	mi / vvk / fi
keason for ∟eaving						
Reason for Leaving			11-			
	То	Employer			Tele	ephone #
rom	То				Tele	ephone #
rom	То	Employer Address			Telé (	ephone # )
From Position Title			med and job respon	sibilities	Tele (	ephone # )
From  Position Title  Supervisor Name & Title  May We Contact For Re	erferences:	Address	med and job respon	sibilities	Tele (	ephone # )
From  Position Title  Supervisor Name & Title  May We Contact For Re	erferences:	Address  Nature of work perform  Hourly Rate/Salary	med and job respon	sibilities	(	ephone # ) Hr / Wk / Yr
From  Position Title  Supervisor Name & Title  May We Contact For Re  Yes No	erferences:	Address  Nature of work perfore			(	)
From  Position Title  Supervisor Name & Title  May We Contact For Re  Yes No	erferences:	Address  Nature of work perform  Hourly Rate/Salary			\$	Hr / Wk / Yr
From  Position Title  Supervisor Name & Title  May We Contact For Re  Yes No  Reason for Leaving	erferences:	Address  Nature of work perform  Hourly Rate/Salary			\$	)
From  Position Title  Supervisor Name & Title  May We Contact For Re  Yes No  Reason for Leaving	erences:	Address  Nature of work perform  Hourly Rate/Salary  Start \$			\$	Hr / Wk / Yr
From Position Title Supervisor Name & Title May We Contact For Re Yes No Reason for Leaving From Position Title	eferences: Later  To	Address  Nature of work perform  Hourly Rate/Salary  Start \$  Employer	Hr/ Wk / Yr	Final	\$	Hr / Wk / Yr
Reason for Leaving From Position Title Supervisor Name & Title May We Contact For Re Yes No Reason for Leaving From Position Title Supervisor Name & Title May We Contact For Re Yes No	erences: Later  To	Address  Nature of work perform  Hourly Rate/Salary  Start \$  Employer  Address	Hr/ Wk / Yr	Final	\$	Hr / Wk / Yr

EDUCATIONAL BACKGROUND

### REFERENCES (List 3 personal references other than family members)

Name and Address	Telephone	Relationship	Yrs Known
	( )		
	( )		
	( )		

#### APPLICANT STATEMENT

I certify that all the information provided above is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration for the position applied for, or 2) immediately discharge me from my current position and the employer's service, whenever discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, my resume, or my job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current only for the position I am applying for.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorize to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

If I am hired, I understand I will be required to fill out an I-9 form and will be required to provide proof of identity and legal authority to work in the United States, as requested by this form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT				
I certify that I have read, fully understand and accept all terms of the foregoing Applicant States	ment.			
Signature of Applicant	Date	/	/	

#### HISTORY OF CHIPPEWA RIVER DISTRICT LIBRARY

Veterans Memorial Library was originally established in 1908, and in May of 1998 became a district library. Chippewa River District Library is composed of Veterans Memorial Library in Mt. Pleasant, Faith Johnston Memorial Library in Rosebush, Shepherd Community Library in Shepherd, Fremont Township Library in Winn, and Rolland Township Library in Blanchard.

#### MISSION STATEMENT

The Veterans Memorial Library and its branches provide materials and services to enrich, enlighten, and inspire all of the people in our community. Special emphasis is placed on stimulating an interest and appreciation for reading and learning in young children, promoting recreational reading, and utilizing the library as a reference independent learning center.

Chippewa River District Library 301 S. University Ave Mt. Pleasant, MI 48858 (989) 773-3242

If you have any further questions regarding this application or the position you are applying for, you may contact:

Kristin Ellison, Finance Director

(989) 772-3488 ext. 226



# Chippewa River District Library Work Availability Sheet

N	A	M	E	
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	A :1-1-1- 411 4
Preferred Start Date:	

	Available to work when to when?
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	