



MILFORD PUBLIC LIBRARY

APPLICATION FOR EMPLOYMENT

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

As an equal opportunity employer, we will consider qualified applicants for all positions without regard to race, color, handicap, sex, religion, national origin, age, marital or veteran status. If you have a disability and need accommodation in order to participate in this process, please contact the Library Director.

PERSONAL

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

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

Email Address: _____

Are you a U.S. citizen or permanent resident alien? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____

If yes, date(s) _____ Supervisor's Name(s) _____

Have you filed an application before? Yes _____ No _____ If yes, date(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applying 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: _____

EDUCATION

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

Any other educational training:

Military Service Record

Have you had 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 _____

RELEVANT EXPERIENCE

List any licenses, registrations, certifications and skills you possess (For example, CPA, Registered Engineer, Typing and Shorthand skills)

Have you had any other experience which would help you in this job? (For example, misc. employment, hobbies, work for schools, community groups, clubs or associations, or military experience) _____

EMPLOYMENT EXPERIENCE

Employer and Address (Last or Present Employer)_____

Job Title_____ Immediate Supervisor_____

Why did you leave?_____

Describe your duties:_____

From: Month_____ Year_____ Full Time_____ Part Time_____

To: Month_____ Year_____

Final Salary_____ Hours per week_____ No. of Employees you Supervised_____

Employer and Address (Next Previous Employer)_____

Job Title_____ Immediate Supervisor_____

Why did you leave?_____

Describe your duties:_____

From: Month_____ Year_____ Full Time_____ Part Time_____

To: Month_____ Year_____

Final Salary_____ Hours per week_____ No. of Employees you Supervised_____

Employer and Address (Next Previous Employer)_____

Job Title_____ Immediate Supervisor_____

Why did you leave?_____

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From: Month_____ Year_____ Full Time_____ Part Time_____

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Final Salary_____ Hours per week_____ No. of Employees you Supervised_____

Employer and Address (Next Previous Employer)_____

Job Title_____ Immediate Supervisor_____

Why did you leave?_____

Describe your duties:_____

From: Month_____ Year_____ Full Time_____ Part Time_____

To: Month_____ Year_____

Final Salary_____ Hours per week_____ No. of Employees you Supervised_____

REFERENCES (Do not include relatives)

	Name	Mailing Address	Phone Number	Relationship
1				
2				
3				

Additional Information

Have you 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 or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans 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 give you my permission to 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 previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, 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. 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 Library 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 Library will preclude any claim that the Library failed to accommodate the handicapper.

Limitation on Time for Employment Complaints

I AGREE THAT ANY ACTION OR LAWSUIT AGAINST THE LIBRARY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT, INCLUDING BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIOD TO THE CONTRARY.

Signature

Date