



Employment Application

Sanilac District Library

Beverly Dear, Director
7130 Main Street ~ PO Box 525
Port Sanilac, MI 48469
810.622.8623

email: sanilacdistrctlibrary@yahoo.com
Website: www.sanilacdistrctlibrary.lib.mi.us

Please complete the entire application. All information provided will remain confidential.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Driver's License Number: _____ Expiration Date: _____

If hired, can you prove that you are eligible to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Type of Employment You Are Seeking: Full-Time Part-Time

Are there any hours or days of the week you are not available to work? Yes No

Please list: _____

Are you currently employed? Yes No If yes, may we contact your employer? Yes No

Date you would be able to start work, if hired: _____

Have you ever been convicted of a felony or are there any felony charges pending against you?

Yes No If yes, please explain: _____

Have you ever been convicted of any crime? Yes No

Have you ever been convicted of a traffic violation? Yes No

If yes to either/both of the above, please state citation(s), date(s), place where offense(s) occurred and disposition or current status: _____

**(The response to the above questions will be considered in the context of job-relatedness only.)*

Education	Name & Address	Dates	Graduate? Degree?	Subject/Major
High School				
Technical, Business or Trade School				
Technical, Business or Trade School				
College or University				
College or University				

Check any of the following that you feel you are proficient in using:

- Calculator Cash Register Copy Machine Fax Keyboard Scanner
 Cell Phone & Model _____ PC Laptop iPad/iPod Nook/Kindle/eReader
 Internet Searching eBay PayPal FaceBook Pinterest Twitter Instagram
 Word Excel PowerPoint Access Publisher Internet Explorer Chrome FireFox
 Website Design _____ Windows versions: 7 8 10
 Other Operating Systems _____ Dewey Decimal System
 Other equipment: _____ Other software: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful in considering your application: _____

Do you have U.S. Military experience? Yes No If Yes: Branch: _____

If yes, do you have military reservist obligations?

Date Discharged: _____ Type of Discharge: _____

Please List All Current & Former Employment

(most recent first)

Company Name:	Company Phone Number:
---------------	-----------------------

Company Street Address:	City:	State:	Zip:
-------------------------	-------	--------	------

Supervisor:	Start/End Dates	Start/End Pay
-------------	-----------------	---------------

Position / Responsibilities

Reason For Leaving:

Company Name:	Company Phone Number:
---------------	-----------------------

Company Street Address:	City:	State:	Zip:
-------------------------	-------	--------	------

Supervisor:	Start/End Dates	Start/End Pay
-------------	-----------------	---------------

Position / Responsibilities

Reason For Leaving:

Company Name:	Company Phone Number:
---------------	-----------------------

Company Street Address:	City:	State:	Zip:
-------------------------	-------	--------	------

Supervisor:	Start/End Dates	Start/End Pay
-------------	-----------------	---------------

Position / Responsibilities

Reason For Leaving:

Company Name:		Company Phone Number:	
Company Street Address:		City:	State: Zip:
Supervisor:	Start/End Dates	Start/End Pay	
Position / Responsibilities			
Reason For Leaving:			
Company Name:		Company Phone Number:	
Company Street Address:		City:	State: Zip:
Supervisor:	Start/End Dates	Start/End Pay	
Position / Responsibilities			
Reason For Leaving:			

Work Related References

If possible, please include letters of reference with application

Name & Job Title	Years Known	Contact Information
		Address: Phone:
		Address: Phone:
		Address: Phone:

Please read the following statements carefully before signing:

- Sanilac District Library is an Equal Opportunity Employer and will not unlawfully discriminate in hiring or employment on the basis of race, color, religious creed, national origin, age, marital status, the presence of a medical condition or handicap, height, weight or any other protected status.
- I certify that all information provided in this employment application is true and complete. I understand that falsified statements or omitted information will disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.
- I understand and agree that if hired, my employment relationship is at-will. As such, I understand that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated with or without cause, at any time, with or without notice.
- I authorize the investigation of any or all statements contained in this application for any employment-related purpose. I also authorize, whether listed or not, any person, school, current employer, past employer and/or organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liabilities in making such statements. I hereby waive my right to written notice by all present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to the Sanilac District Library.
- I hereby consent to pre- and/or post-employment drug screening as a condition of employment, if required. I understand that if I am extended an offer of employment it may be contingent on my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
- I understand that prior to being offered employment, I may be requested to take an employment examination. If I have a disability that will affect my ability to take the test, I will inform the Sanilac District Library of that prior to the administration of the test to see if a reasonable accommodation can be made. The Sanilac District Library reserves the right to require medical documentation regarding the need for accommodation.
- In accordance with ADA requirements, if I require an accommodation to perform the job, I must notify the Sanilac District Library of that need within 182 days after I know or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that Sanilac District Library has not accommodated me as required by law.
- If employed, I agree to conform to the terms of employment and Sanilac District Library policy.
- If employed, I agree to authorize the release of all criminal history information that pertains to me on file at the MI State Police Central Records Division, the criminal records division of any other state and the Federal Bureau of Investigation to the Superintendent of the CPS School District. This is required to work at SDL's branches located in the CPS elementary and high school libraries.
- If employed, I agree to be fingerprinted. This is required to work at SDL's branches located in the CPS elementary and high school libraries.
- I understand that nothing contained in this application or in the granting of an interview is intended to create a contract with Sanilac District Library for either employment or provision of any benefit. Sanilac District Library has the right to refuse any and all applications.

Signature: _____ Date: _____