

**Lenawee District Library
Employment Application**

Date: _____

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify the Director as soon as possible.

PERSONAL INFORMATION

Name (first, middle, last)

Social Security No.

Present address (street, city, state, zip code)

Telephone or Number You Can Be Reached At

Business Telephone

Position Desired

Date Available

Are you at least 18 years old?

Yes No

Work Permit No. _____ (If under 18)

Have you ever been convicted of a crime? (A "YES" answer will not automatically disqualify you.)

Yes No

Complete the following only if the position requires a driver's license.

Driver's License Number _____

Has your driver's license ever been revoked or suspended?

Yes No

If yes, for what reason? _____

List any moving violations during the last three (3) years:

EDUCATIONAL HISTORY

Select last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School

GED: _____ State: _____

Schools attended other than High School	Location (State)	Course or Major (Studied)	Dates attended	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY HISTORY (Armed Forces of the United States or State Militia Only)

Branch	Date Entered	Date Discharged
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Rank at discharge	Reserve status
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Special training received

EMPLOYMENT HISTORY

List below, beginning with the most recent, all present and past employment.

Company name	Company address	Telephone number
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Position held / Job title	Dates of employment
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Name and title of immediate supervisor

Reason for leaving	Final salary
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Brief description of duties

EMPLOYMENT HISTORY

Company name

Company address

Telephone number

Position held / Job title

Dates of employment

Name and title of immediate supervisor

Reason for leaving

Final salary

Brief description of duties

REFERENCES

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, contact: _____

Address:

Phone:

I certify that all of the information on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment (2) dismissal at any time from the service of the library if employed.

Lenawee District Library is an Equal Opportunity Employer. It is the policy of Lenawee District Library to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, martial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

I authorize the references and previous employers listed above to give Lenawee District Library any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release any party for all liability for any damages resulting from furnishing any information to Lenawee District Library.

Date:

Signature:

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Report Act set forth in Section 604 (b) to the applicant that a social security, motor vehicle verification, education, previous employment, credit and a criminal background verification may be obtained for the purpose of your employment application. By the signature below, the Applicant acknowledges that Lenawee District Library has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Lenawee District Library may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under Lenawee District Library employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Lenawee District Library, and their authorized agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
_____	_____	_____
List Other Names Used	Date of Birth	Social Security Number
_____	_____	_____
Drivers License Number	State Drivers License Issued	Last name listed on Drivers License
_____	_____	_____
Current Address	City/State/Zip	Dates
_____	_____	_____
Previous Address	City/State/Zip	Dates
_____	_____	_____
Previous Address	City/State/Zip	Dates
_____	_____	_____

Applicant's Signature _____

Today's Date _____