ORION TOWNSHIP PUBLIC LIBRARY
APPLICATION FOR EMPLOYMENT

Orion Township Public Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known.

Position Applied For: _____ Date of Application: _____

Date You Can Start: _____

Name:_____

           Last   First   M.I.

Present Address: _____

           Street   City   State   Zip

Permanent Address: _____

           Street   City   State   Zip

Telephone #: Home (_____)_____ Work (_____)_____

Cell (_____)_____ Email_____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when?_____

Salary Desired: _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer: _____

Have you ever applied to this library before? _____ Where? _____

Under what name? _____ When? _____

EDUCATION:

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States?_____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____ Yes

If so, please state citation, date and place where offense occurred. _____

_____

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

_____

_____

_____

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Emergency Contact:_____

                         Name   Street   City/State   Phone

CURRENT AND FORMER EMPLOYERS: (Most Recent First))

Date Month/Year	Employer Name, Address, and Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

May we contact the employers listed? _____Yes _____No

If not, which one(s)?_____

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

_____   _____
                                            Signature   Date

* Employers specifically excepted: _____

For Employer Use Only

Interviewed By: _____   Date: _____   Hired: _____ Yes _____ No

Starting Date: _____   Position: _____   Wage: _____

HOURS THAT APPLICANT CANNOT WORK DURING THE WEEK

Below you will find a table of hours that the library is open. Please put an "X" through all times that you would not be able to work during the week due to family commitments, school or other activities.

	MON	TUES	WED	THURS	FRI	SAT	SUN
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							