Alcona County Library

312 W. Main

Harrisville, MI 48740

Phone 989-724-6796, Fax 989-724-6173

# **APPLICATION FOR EMPLOYMENT**

**ALCONA COUNTY LIBRARY**

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, weight, disability, or disabled veteran or other veteran status, sexual orientation or any other legally protected status.

### Position applied for Date of Application

Last Name First Name Middle Initial

Address City Zip Code

Telephone Number

If you are under 18 years of age, can you provide the required proof  Yes  No

of your eligibility to work?

Have you ever been employed with us or Alcona County before?  Yes  No

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

Current employer name and phone number with area code

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Are you prevented from lawfully becoming employed in this country  Yes  No

because of Visa or Immigration Status?

(Proof of citizenship or Immigration status will be required upon employment)

Have you been convicted of a felony within the last 7 years?  Yes  No

(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain.

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#### Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name & address of school | Course of Study | YearsCompleted | Diploma Degree |
| High School |  |  |  |  |
| Undergraduate College |  |  |  |  |
| Graduate Professional |  |  |  |  |
| OtherSpecify |  |  |  |  |

Describe any specialized training, apprenticeship, skills, and extra-curricular activities that are job related.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **Specialized Skills:** Check all that apply

 Calculator\_\_\_\_ Fax\_\_\_\_\_ Dewey Decimal\_\_\_\_ Other (list)

 Microsoft Word\_\_\_ Windows 7\_\_\_\_ Windows 8\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Internet\_\_\_\_\_\_ Excel\_\_\_\_\_ E-mail\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

##### References

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) Phone # Relationship

 (Address)

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) Phone # Relationship

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 (Address)

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 (Name) Phone # Relationship

 (Address)

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#### Employment Experience

Start with you present and last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

|  |  |  |
| --- | --- | --- |
| Employer | Dates employed | Work Performed |
| Address |  |  |
| Telephone Numbers | Hourly Rate/Salary |  |
| Job Title | Supervisor |  |  |
| Reason for Leaving |  |  |
| Employer | Dates employed | Work Performed |
| Address |  |  |
| Telephone Numbers | Hourly Rate/Salary |  |
| Job Title | Supervisor |  |  |
| Reason for Leaving |  |  |

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| --- | --- | --- |
| Employer | Dates employed | Work Performed |
| Address |  |  |
| Telephone Numbers | Hourly Rate/Salary |  |
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|  |  |  |
| --- | --- | --- |
| Employer | Dates employed | Work Performed |
| Address |  |  |
| Telephone Numbers | Hourly Rate/Salary |  |
| Job Title | Supervisor |  |  |
| Reason for Leaving |  |  |

If you need additional space, please copy this page or continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. (*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

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#### Reason for applying for this position:

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#### Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. A background check will/may be performed in the event of employment.

This application for employment shall be considered active for a period of time not to exceed 90 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will”*  nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will”* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

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