

APPLICATION FOR EMPLOYMENT
Brandon Township Public Library
304 South Street
Ortonville MI 48462

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Please print the requested information in the spaces provided below.

Date of Application: _____ Date available to begin work: _____

PERSONAL INFORMATION

Last Name	First	MI
Other Last Name	Other first	Other Middle
Street Address	Home Telephone () -	
City, State, Zip	Email Address	
Are you legally eligible for employment in the U.S.??*		Are you 18 years or older?
If related to anyone in our employ or current trustee, state name and relationship to you.		

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?
--

* The Brandon Township Public Library conforms to the Immigration Reform and Control Act of 1986 that requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

EMPLOYMENT DESIRED

POSITION(S) APPLIED FOR: _____ _____ Will you accept part-time work? _____	PAY/SALARY DESIRED: _____
Have you ever worked for another organization similar to the Brandon Township Public Library? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Position: _____	
Reason for Leaving: _____ _____	
Do you have any special training skills, qualifications, licenses, certifications or other experiences that relate to the position(s) applied for? _____ _____	

EDUCATION

EDUCATION	Name and Location of School	No. of Years Completed	Subjects Studied	Degrees Earned	G.P.A.
High School					
College/ University					
Vocational/ Trade/Graduate School					

FORMER EMPLOYERS

Please give an accurate, complete, full-time and part-time employment record for the past ten years. Start with present or most recent employer. Use additional sheet(s) if necessary.

Please Print All Information

1	Library/Company Name and your supervisor	Telephone ()
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

2	Library/Company Name and your supervisor	Telephone ()
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

3	Library/Company Name and your supervisor	Telephone ()
	Address City/State	Employed (List Month and Year) From To
	List Your Job Title and Responsibilities	Reason for Leaving

Please indicate if you would prefer that we not contact any of the listed employers, and briefly explain your reason:

REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS KNOWN

* * * * *

Do you have any commitment to another employer that might affect your employment with us?

SIGNATURE (Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct and complete without qualification. I understand that the Library has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

- I hereby authorize the Library to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me.

- I authorize the Library to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Library from any liability in connection with such use or disclosure.

- If I am hired by the Library, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are from time-to-time changed, with or without notice.

- If I am hired by the Library, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Library can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This at-will employment relationship exists regardless of any other written statements or policies or any other Library document or any verbal statements to the contrary. No one except the Library's director can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by the Library's director and myself.

- Except when there is a shorter filing period, I agree not to file any action or claim relating to my application for or employment with Brandon Township Public Library more than six (6) months after the date of the challenged action, and **to waive any longer statute of limitations period.**

Applicant's Signature _____ Date _____

Please return completed application to

Brandon Township Public Library
 Attention: Administration
 304 South Street
 Ortonville MI 48462