

Employment Application



General Information

Name (last, first, middle initial)		Today's Date
Street Address		City, State, Zip Code
Phone Number:	Email Address:	
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Applying for:	

An employer shall not fail or refuse to hire, or recruit or discharge, or otherwise discriminate against an individual with respect to employment, compensation, or a term condition, or privilege of employment, because of religion, race, color, national origin, age, sex, height, weight, or marital status, genetic information, sexual orientation, gender identity, or sexual expression.

How did you hear about this position?

Advertisement Friend or Relative Library Employee Michigan Works!/Chamber of Commerce Social Media Other

Are you 18 years or older?

Yes No

Are you available to work:

Full-Time Part-Time Substitute/Irregular Hours

Which shifts can you work?

Mornings (8:30 a.m. - 1:30 p.m.) Afternoons (11:00 a.m. - 4:30 p.m.) Evenings (3:00 p.m. - 6:00 p.m)

What days can you work?

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays

Training and Education

High School Attended:	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D <input type="checkbox"/> Still Attending	
College/University Attended:	Degree Achieved:	Year Obtained:
		Still Attending?
Area of Study:		
Graduate/Professional Institution:	Degree Achieved:	Year Obtained:
		Still Attending?
Area of study:		

Describe any specialized training, apprenticeships, certifications, or honors received.

Employment History

Beginning with your present or most recent employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections must be completed only if a resume is not included.

Employer:		Employed from:	To:
Address:		Supervisor:	
Phone:	Position:	Salary:	May we contact this employer:
Reason for leaving:			
Work performed:			

Employer:		Employed from:	To:
Address:		Supervisor:	
Phone:	Position:	Salary:	May we contact this employer:
Reason for leaving:			
Work performed:			

Employer:		Employed from:	To:
Address:		Supervisor:	
Phone:	Position:	Salary:	May we contact this employer:
Reason for leaving:			
Work performed:			

Professional References

Give name, email address and phone number of three references not related to you.

Name:	Email address:	Phone:
Name:	Email address:	Phone:
Name:	Email address:	Phone:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements or omissions from this application shall be grounds for rejection of this application, or if hired, for dismissal.

I authorize Crawford County Library System to investigate all statements contained in this application, including records of former employers, references and other sources concerning me. I understand that I may be subject to a criminal background check.

If hired as an employee, I understand I will be employed at will, that my employment will be for no definite period of time, and that my employment may be terminated by me or my employer at any time, for any reason, with or without notice.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS :

Signature of Applicant: _____

Date: _____