

APPLICATION FOR EMPLOYMENT
Clinton-Macomb Public Library
AN EQUAL OPPORTUNITY EMPLOYER

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

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

PERSONAL INFORMATION

Last Name	First	Middle	Driver's License Number
Other Last Name	Other first	Other Middle	Daytime Telephone
Street Address			Other Telephone
City, State, Zip			Email
Are you legally eligible for employment in the U.S.? [*]		Yes No	Are you 18 years or older? Yes No
If related to anyone in our employ or current trustee, state name and relationship to you. _____			
Have you ever been convicted of a crime? A criminal conviction record will not necessarily prohibit you from being employed. If YES, please list date, place and nature of offense. _____			<input type="checkbox"/> YES (explain) <input type="checkbox"/> NO
Are there any felony charges presently pending against you? _____ _____			<input type="checkbox"/> YES (explain) <input type="checkbox"/> NO
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? YES NO			

* The Clinton-Macomb Public Library conforms to the Immigration Reform and Control Act of 1986 which 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: _____	PAY/SALARY DESIRED: _____
Will you accept part-time work? _____	
Have you ever worked for another organization similar to the Clinton-Macomb 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					

PHYSICAL RECORD

In case of emergency, notify:		
Name	Address	Telephone
Number		
<p>Medical Examination. In accordance with applicable legal requirements, the Clinton-Macomb Public Library may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such examination</p>		
<p>I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs which may include the collection of urine samples from my person, or the use of other testing methods. I agree that the results of this test may be submitted to the Clinton-Macomb Public Library or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the Library. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with the Library may be immediately terminated.</p>		
Applicant's Signature _____		

EMPLOYMENT INFORMATION

Have you ever been discharged or requested to resign any job? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain circumstances _____		

Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

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	Telephone
	Address City/State	Employed (List Month and Year) From To
	Supervisor's Name	Reason for Leaving
	List Your Job Title and Responsibilities	

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

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

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

* * * * *

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 Clinton-Macomb 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 **Clinton-Macomb Public Library**
40900 Romeo Plank Road
Clinton Township, MI 48038