



Employment Application

NAME (LAST NAME FIRST)			
ADDRESS	CITY	ST	ZIP
PHONE NUMBER	E-MAIL ADDRESS	REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO If so may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS LIBRARY BEFORE?		

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL INFORMATION

Subjects of special study/research
. Work or special training skills.
Licenses or certifications

FORMER EMPLOYERS- (list below last three employers, starting with the last one first)

Date (Month and Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

PROFESSIONAL REFERENCES: Please list three work/business/ professional references below, who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Address	Phone/Email Address	Relationship	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any & all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the Library from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Library has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Library representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ SIGNATURE _____

White Lake Township Library is an equal opportunity employer.

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/ WAGES

Approved by _____ Date _____ Approved by _____ Date _____