

APPLICATION FOR EMPLOYMENT

DATE _____

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS INDICATING N/A IF THE INFORMATION REQUESTED IS NOT APPLICABLE.				
PERSONAL DATA				
Name (Last, First, Middle)				Social Security Number:
Present Address (Street and Number)	City	State	Zip	How long have you resided there?
Previous Address (Street and Number)	City	State	Zip	How long did you reside there?
Telephone Number	Are you over the age of 18? () yes () no		If no, employment is subject to verification that you are of minimum legal age.	
Can you present the required I-9 documentation in accordance with the immigration reform and control act? () yes () no				

EMPLOYMENT OBJECTIVE		
Position Desired	Salary Desired	Location

GENERAL INFORMATION		
How were you referred to us?		
If you were referred by an employee, please list their name.:		
Have you ever been employed by any other name than the one stated in this application? () yes () no	If yes, please give name	
Are you presently employed? () yes () no	If yes, what notice will be required?	What date will you be available for employment?
Have you ever been involuntarily terminated, not reappointed or asked to resign from a previous job? () yes () no	If yes, please explain.	

CERTIFICATION			
Do you hold an Librarian's Professional Certificate? () yes () no		If yes, please indicate the following:	
Certificate form or type:	Valid from:	Valid to:	Issuing State
Certificate form or type:	Valid from:	Valid to:	Issuing State
If you do not hold a Certificate, are you eligible to receive one? () yes () no		Have you ever had a certificate suspended, revoked or not re-issued? () yes () no	
Please explain:		If yes, please explain:	

EDUCATION RECORD								
School Name	Address (City & State)	Years Completed				Graduate		Degree
		1	2	3	4	Yes	No	
High School								
College								
College								
Graduate								
Trades/Correspondence								
Other								
List academic honors, scholarships, and honorary fraternities								
Do you plan to continue your education? () yes () no					If yes, please specify			
FOREIGN LANGUAGES (Indicate degree of fluency)								
1					Read _____ Write _____ Speak _____			
2					Read _____ Write _____ Speak _____			
DRIVING RECORD Answer these questions if driving is a part of the duties and responsibilities of the job for which you are applying.								
Do you have a valid Driver's License? () yes () no			State	D/L #		Expiration Date		
Any restriction on license? () yes () no			If yes, please explain:					
CRIMINAL RECORD								
Answering "yes" to these questions does not constitute an automatic bar of employment. Only those crimes which are substantially related to the position you are seeking will be considered.								
Have you ever been convicted, pled no contest, had a record sealed or expunged, been placed on probation, enrolled in a pre-trial diversion program, or had adjudication withheld in a criminal offense, felony, misdemeanor or otherwise?								() yes () no
If yes, please give dates and details on each instance								
Do you have any criminal charges currently pending?								() yes () no
If yes, please explain								

EMPLOYMENT HISTORY (Complete in full - do not attach a resume.)						
Please list below all present and past employment since graduation, including at least three past employers, for the last ten years, starting with present or last employer.						
From	To	Total Months	Reason for Leaving		Give full description of responsibilities & duties	
Name of Employer			Type of Business			
Address/City		State/Zip	Phone			
Starting Position		Supervisor Name/Title & Phone		Beginning Salary		
Most Recent Position		Supervisor Name/Title & Phone		Ending Salary		
May we contact? () yes () no		If no, why not?				

EMPLOYMENT HISTORY (CONTINUED)**(Complete in full - do not attach a resume.)**

From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position	Supervisor Name/Title & Phone		Beginning Salary	
Most Recent Position	Supervisor Name/Title & Phone		Ending Salary	
May we contact? () yes () no	If no, why not?			

From	To	Total Months	Reason for Leaving	Give full description of responsibilities & duties
Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position	Supervisor Name/Title & Phone		Beginning Salary	
Most Recent Position	Supervisor Name/Title & Phone		Ending Salary	
May we contact? () yes () no	If no, why not?			

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Name of Employer		Type of Business		
Address/City		State/Zip	Phone	
Starting Position	Supervisor Name/Title & Phone		Beginning Salary	
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May we contact? () yes () no	If no, why not?			

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Address/City		State/Zip	Phone	
Starting Position	Supervisor Name/Title & Phone		Beginning Salary	
Most Recent Position	Supervisor Name/Title & Phone		Ending Salary	
May we contact? () yes () no	If no, why not?			

Please explain any gaps in your employment history:

EMERGENCY CONTACT (In case of accident or other emergency whom should we contact)

Name	Relationship	Phone Number Office Number
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REFERENCES (Not relatives. Please provide former supervisors or employers.)

Name	Address	Occupation	Phone Number	Years Known

Please provide any additional information that you were not able to include elsewhere on this application:

I understand that if I am hired, it will be my responsibility to provide certified copies of my transcripts and a copy of my diplomas and certifications.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, with or without notice or reason, and the Library has the same right. No one other than the Ionia Community Library Board of Trustees has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing. I understand that the Ionia Community Library has the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Ionia Community Library may contact previous employers and I authorize those employers to disclose to the Ionia Community Library all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Ionia Community Library. I also authorize the Ionia Community Library to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I understand the Ionia Community Library may obtain a consumer report or reports on me. I authorize Ionia Community Library to obtain such a report or reports for use in connection with my application for employment and for other employment related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. By my signature below, I certify that all information that I have provided on this application, under separate cover and in any interview, as part of the application process, is true, complete, and accurate. I understand that any false statements, omissions, or misleading statements, will be grounds to not hire me, and if discovered after employment, may subject me to dismissal.

The Ionia Community Library offers equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. The library will provide reasonable accommodations for qualified individuals with disabilities.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. AFTER THAT TIME, YOU MUST REAPPLY.
