HOWELL CARNEGIE DISTRICT LIBRARY

314 W. Grand River, Howell, MI 48843 (517) 546-0720 Application for Employment

THE HOWELL CARNEGIE DISTRICT LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER. The Howell Carnegie District Library affords equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, veteran status or disability. You must complete the entire application. If you require any accommodation to complete the application process, please contact the library staff. Michigan law requires that an individual with a disability needing accommodations for employment notify the employer in writing within 182 days after the need is known.

THIS APPLICATION WILL BE HELD FOR A PERIOD OF 90 DAYS

DATE _____

NAMEL	_AST)	(FIRST)		(MIDDLE)	
ADDRESS						
CITY		STATE		ZIP CODE		
PHONE NUMBER	R		BEST	TIME TO CALL		
POSITION APPL	IED FOR					
		EDUC	ATION			
Type of School	Name & Location of School			Type of Degree	Courses Specialized In	Avg. Grade
LIST Dates of Employment	IN CHRONOLOGICAL ORDER		MOST REC		INCLUDE MILITARY SERVI	CE Salary
Dates of Employment	Name & Address of Compar	у	ivaille	& FIIOHE NUMBER OF	Supervisor	Salary
Job Title/Duties		Reason for Leaving				
Job Title/Duties			Reaso	n for Leaving		
Job Title/Duties			Reaso	n for Leaving		
				e		
Job Title/Duties			Reaso	n for Leaving		

GENERAL INFORMATION

Have you ever been suspended or discharged from any position? If yes, give particulars May we contact your current employer if you are being seriously considered for a position? If you have any hobbies, skills, avocations that would benefit you in employment, please give details Have you ever been convicted of a crime? If yes, please give particulars What are your career goals?						
REFERENCES						
NAME:	NAME:					
ADDRESS:	ADDRESS:					
PHONE ()	PHONE: ()					
OCCUPATION:	OCCUPATION:					
APPLICATION DISCLAIMER & ACKNOWLEDGEMENT						
I certify that all of the information furnished on the application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on this application or during the pre-hire process is sufficient reason for (1) my not being offered employment; or (2) dismissal at any time if employed. I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to give the library representative(s) any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise. I release all parties from all liability for any damages and causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information. I authorize investigation of all statements contained in this Application of Employment as may be necessary in arriving at an employment decision. I understand and agree that my employment and compensation is "at-will" and for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Howell Carnegie District Library, with or without cause, and without previous notice. I also understand and agree the Howell Carnegie District Library has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no employee or representative, other than the Library Director or the Library Board of Trustees, has either the power, or the authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, and that this agreement supersedes any other prior written or oral agreement and cannot be modified unless that agreement is in writing and signed by the Library Director or the President of the Library Bo						
FOR OFFICE USE ONLY:						
Starting Date Starting Salary	Position					
DepartmentHired by	Time Card No					
Date of Birth Driver's License No	Social Security No					
Email Address	ail AddressCell Phone					
Emergency Contact NameEmergency Phone No						