

Orion Township Public Library

Application for Employment

The Orion Township Public Library (Library) is an equal opportunity employer and will not discriminate against any application based on any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 calendar days of the date that the need is known or should have been known.

Date of Application: _____ **Start Date:** _____

Personal Information

Last Name	First	Middle	Driver's License / State ID Number	
			Mobile Phone	
Street Address			Other Phone	
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 Library board trustee, state name and relationship to you.				
Have you ever been convicted of, or plead guilty or nolo contendere to, a crime? A criminal conviction record will not necessarily prohibit you from being employed. If YES, please list date, place, and nature of offense.			Yes (explain)	No
Are there any felony charges presently pending against you?			Yes (explain)	No
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?			Yes	No

Employment Desired

Position(s) Applied For:	Full-Time	Part-Time
Date Available:		

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					

Do you have any special training, skills, qualifications, licenses, certifications, or other experiences that relate to the position(s) for which you are applying?

Professional References

Please give the names of three people, not related to you, whom you have known for over a year.

Name	Address and Telephone	Relationship	Years Acquainted

Employment Information

Have you ever been discharged or requested to resign from any job?	Yes (explain)	No
Are you presently employed?	Yes	No

Former Employers

Please give an accurate, complete, full-time and part-time employment record for the past ten years. Start with your present or most recent employer.

Employer Name	Telephone
Address, City, State	Employment Dates (MM/YYYY) From: To:
Supervisor's Name	Reason for Leaving
List Your Job Title and Responsibilities	

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Address, City, State	Employment Dates (MM/YYYY) From: To:
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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?

Please read the following statement carefully before signing to indicate your understanding.

I understand that, prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Library prior to the test so that a reasonable accommodation can be made. The Library reserves the right to require medical documentation regarding the need for accommodation.

I certify that the answers and information contained in this application are true, accurate, and complete without qualification and understand that, if employed, untrue or inaccurate statements, or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all information contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you. I understand that If the Library will use a third party to obtain background information about me that separate Fair Credit Reporting Act (FCRA) Disclosures and Consents for consumer reports and investigative consumer reports will be required to be completed at the appropriate time during the application process or during employment.

Medical Examinations: In accordance with the applicable legal requirements, the 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.

To the extent allowed by law, I agree not to file any action or claim relating to my application for or employment with the Library more than six (6) months after the date of the challenged action, or within a shorter period if the statute of limitations for a particular claim is less than six (6) months, and to waive any longer statute of limitations period.

Signature

Date

For Employer Use Only

Interviewed by		Date	Hired Yes No
Starting Date	Position		Wage