

Application for Employment

Cheboygan Area Public Library

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Street Address City and State Zip

Social Security Number Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by the Cheboygan Area Public Library?

3. How were you referred to the Cheboygan Area Public Library? _____

4. Have you ever been convicted of a felony? ____ Yes ____ No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem./Jr. High _____		
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record Please include all employment for the last five years.

- | | |
|--|-----------------------------------|
| Company Name (Current or Most Recent Employer) _____ | Position Held _____ |
| Address _____ | Dates Employed: _____
From To |
| Manager/Supervisor _____ | Telephone _____ Wage/Salary _____ |
| Reason for Leaving _____ | |
- | | |
|--------------------------|-----------------------------------|
| Company Name _____ | Position Held _____ |
| Address _____ | Dates Employed: _____
From To |
| Manager/Supervisor _____ | Telephone _____ Wage/Salary _____ |
| Reason for Leaving _____ | |
- | | |
|---------------------------|-----------------------------------|
| Company Name _____ | Position Held _____ |
| Address _____ | Dates Employed: _____
From To |
| Manager/ Supervisor _____ | Telephone _____ Wage/Salary _____ |
| Reason for Leaving _____ | |

Note: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____ (Employer's Name)	_____ Reason
_____ (Employer's Name)	_____ Reason

IV. References Please do not include relatives or former employers.

1. _____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	
2. _____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	
3. _____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

- 2. Do you have any objection to working overtime? () Yes () No
- 3. Can you work overtime without prior notice? () Yes () No
- 4. Can you work on Saturday? () Yes () No
- 5. Can you work on Sunday? () Yes () No
- 6. Can you travel if required by this position? () Yes () No