

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: First

Last

Middle

Street Address

City and State

Zip

email address

Phone

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 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)

1.

_____	_____
Company Name (current or most recent employer)	Position Held
_____	Dates Employed: _____
Address	From To
_____	_____
Manager/Supervisor	Telephone Wage/Salary
_____	_____
Reason for Leaving	

2.

_____	_____
Company Name (current or most recent employer)	Position Held
_____	Dates Employed: _____
Address	From To
_____	_____
Manager/Supervisor	Telephone Wage/Salary
_____	_____
Reason for Leaving	

3.

_____	_____
Company Name (current or most recent employer)	Position Held
_____	Dates Employed: _____
Address	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 specify to 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	_____ Phone
_____ Occupation	

2.

_____ Name	_____ Years Known
_____ Address	_____ Phone
_____ Occupation	

3.

_____ Name	_____ Years Known
_____ Address	_____ Phone
_____ 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 _____