



SALINE DISTRICT LIBRARY

## EMPLOYMENT APPLICATION

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Position Applied For:

---

EMPLOYMENT HISTORY: (list current or most recent employment first)

\_\_\_\_\_  
Present or most recent Employer

\_\_\_\_\_  
Hire date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Job Title & Duties

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Rate of Pay

\_\_\_\_\_  
Reasons for leaving

---

\_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Past Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Dates of employment

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Dates of Employment

\_\_\_\_\_  
Job Title & Duties

\_\_\_\_\_  
Job Title & Duties

\_\_\_\_\_  
Rate of Pay

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Rate of Pay

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Reasons for Leaving

\_\_\_\_\_  
Reasons for Leaving

EDUCATION:

---

High School	Address	Graduation date
-------------	---------	-----------------

---

College or University	Degree/Course of Study	Date
-----------------------	------------------------	------

---

College or University	Degree/Course of Study	Date
-----------------------	------------------------	------

---

Other	Course of Study	Date
-------	-----------------	------

Have you ever been convicted of a felony? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

Are there any pending felony charges against you? No \_\_\_ Yes \_\_\_ Explain: \_\_\_\_\_

---

REFERENCES: (Other than family members)

1. \_\_\_\_\_  
Name Address Telephone

2. \_\_\_\_\_  
Name Address Telephone

3. \_\_\_\_\_  
Name Address Telephone

---

I attest that all of the information I have provided is true. (If false or incomplete information is given, the applicant will not be hired or retained.) I will permit Saline District Library to obtain my personnel records, which will include any disciplinary reports and/or actions.

Saline District Library, in accordance with Michigan State law, is an "at will" employer. If hired, I understand and agree that my employment will be "at will" and therefore may be terminated with or without cause and with or without notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

Saline District Library is an equal opportunity employer and will not discriminate against any applicant on the basis of 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 days of the date that the need is known or should have been known.

**Attach resume (if available) to this application & return by mail or in person to the Circulation Desk.**

---