

- Full Time
- Part Time

Name: _____

Position Desired: _____

Date Submitted: _____

Sturgis District Library

A new adventure every day...



Application for Full & Part Time At-Will Employment

Application For At-Will Employment With The Sturgis District Library

The Sturgis 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 protected 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.

General Information

Read Carefully Before You Complete This Application

- Print clearly or type.
- Answer every question. If a specific section does not apply, then enter N/A in that section. If you need additional space to answer any section you may use a separate sheet of paper and identify your answer with the referenced block (i.e. Employment Record).
- The application must be completed by the person who is applying for the position. Incomplete applications will **not** be processed!
- ***Be sure to date and sign this application in the appropriate section.***
- **Do not** misstate or omit any material facts. Any application containing misstatements, omissions or false information will be rejected from any further consideration.
- Please note that this application will only remain active for 3 months, after which the applicant will need to re-apply.

General Information

Position Applied For:

Date of Application Date You Can Start

Last Name First Name Middle Initial

Current Address Street City State Zip Code Home Number

Permanent Address Street City State Zip Code Work Number

Are there any hours or days of the week you can't work? Yes No
If yes, when?

Are you 18 years or older? Yes No Type of Employment Full Time Part Time
If applying for part-time, what days and hours?

Salary Desired

Are you employed? Yes No If yes, where?

Have you ever applied to, or worked for, the Sturgis District Library before?
 Yes No When?

List anyone you know who works for the library:

Education - List ALL Schools Attended

Name & Address of School	No. Years Attended	Major if applicable	Year of Graduation
High/Prep Schools			
Colleges			
Specialized or Other			

U.S. Military Experience			
Do you have any U.S. Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Entered	Date Discharged
Branch	Rank	Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Information			
Do you possess a valid Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide license number and state that issued license.		Are you lawfully entitled to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References			
Name three individuals not related to you whom you have known for at least one year.			
Name	Address & Phone Number	Relationship	Years Acquainted
Emergency Contact			
Name	Address	Phone Number	

Additional Skills
Please provide any additional information, such as special skills, training, management experience, language skills, operation or qualifications, you feel will be helpful to us in considering your application.

Employment Record - most recent first

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
	To	Ending
Phone Number		
Reason for Leaving		
Job Title & Duties Performed:		

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
	To	Ending
Phone Number		
Reason for Leaving		
Job Title & Duties Performed:		

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
	To	Ending
Phone Number		
Reason for Leaving		
Job Title & Duties Performed:		

Employment Record - continued

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
	To	Ending
Phone Number		
Reason for Leaving		
Job Title & Duties Performed:		

Employer Name & Address	Employment Dates	Pay or Salary
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	To	Ending
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Employer Name & Address	Employment Dates	Pay or Salary
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Employment Record - continued

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
	To	Ending
Phone Number		
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Job Title & Duties Performed:		

Employer Name & Address	Employment Dates	Pay or Salary
	From	Starting
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Phone Number		
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	From	Starting
	To	Ending
Phone Number		
Reason for Leaving		
Job Title & Duties Performed:		

**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 a written aptitude test. In the event that I have a disability that will affect my ability to take the test, I will inform the Library prior to the administration of 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 understand that if I am hired and if I suffer from a protected disability that affects my ability to do the job, I may ask the Library to attempt to make a reasonable accommodation for it. I must make any request in writing to the Library Director within 182 days after I know, or reasonably should have known, that an accommodation was needed.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is an "at-will" employment relationship and is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at an time, with or without notice, unless the position is covered by a collective bargaining agreement.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excluded*, 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 you.

Signature: _____ Date: _____

*Employers specifically excluded: _____

-----**For Employer's Use Only**-----

Interviewed By: _____ Date: _____

Hired: Yes No

Starting Date: _____ Position: _____

Wage: _____

Reference Check completed by: _____ Date: _____

Comments: _____

