

Full Time
 Part Time

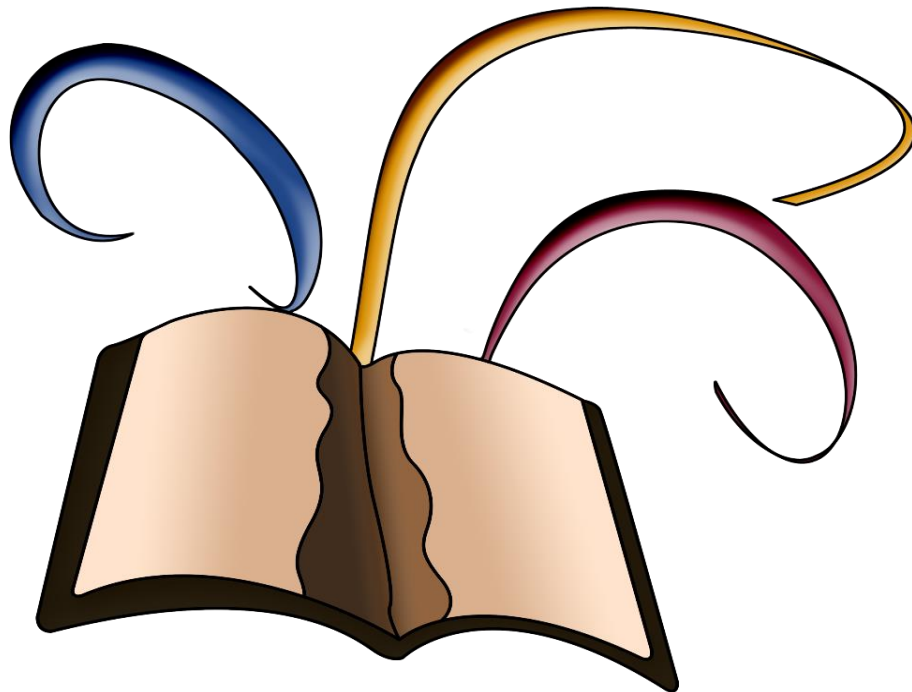
Name: _____

Position Desired: _____

Date Submitted: _____

Sturgis District Library

Bound Books, Boundless Opportunities.



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 question does not apply, print or type 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 reference 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:			Availability Start Date:		
Last Name		First Name		Middle Initial	
Current Address	Street	City	State	Zip Code	Home Number
Permanent Address	Street	City	State	Zip Code	Mobile Number
Email Address:					
Are you 18 years or older? <input type="radio"/> Yes <input type="radio"/> No			You cannot work past 7 pm if you are under 16. Are you able to work past 7? <input type="radio"/> Yes <input type="radio"/> No		
Type of Employment Desired: <input type="radio"/> Full Time <input type="radio"/> Part Time			Salary Desired:		
Please list any days/hours you will be unavailable to work (for student applicants see page 5):					
Are you employed? <input type="radio"/> Yes <input type="radio"/> No			If yes, where?		
Have you ever applied to or worked for the Sturgis District Library? <input type="radio"/> Yes <input type="radio"/> No			Under what name?		When?
List any library employees you know:					
Education - List ALL Schools Attended					
Name & Address of School		Years Attended	Major	Graduation Year	
High/Prep Schools					
Colleges					
Specialized or Other					

Extra-Curricular/Other - Student Applicants

Please list any extra-curricular activities, such as high school sports or clubs, additional jobs, or other responsibilities that may interfere with your ability to work during our open hours (available on library website).

Employment Record

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:
Phone Number:	To:	Ending:
Reason for Leaving:		
Job Title & Duties Performed:		

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

Employer Name & Address:	Employment Dates	Pay or Salary
	From:	Starting:
Phone Number:	To:	Ending:
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 reasonable accommodations 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 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 any 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 I have 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 to 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: _____

255 North Street
Sturgis, MI 49091
Call: (269) 659-7224
Email: Research@Sturgis-Library.org