

APPLICATION FOR EMPLOYMENT

LAKE ODESSA COMMUNITY LIBRARY

1007 Fourth Avenue, Lake Odessa, MI 48849 ~ 616.374.4591 ~ Fax: 616.374.3054 ~ www.lakeodessalibrary.org
Hrs: Sun. & Mon. ~ Closed, Tues. & Thurs. ~ 9 a.m. - 7 p.m., Wed. & Fri. ~ 9 a.m. - 5 p.m., Sat. ~ 9 a.m. - 12 p.m.

The Lake Odessa Community Library considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status.

Date of Application ____/____/20____ Please complete all items thoroughly and legibly on the application blanks.
Please do not substitute a resume for any section of this application.

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone # _____ - _____ - _____ Social Security # _____ - _____ - _____

Are you related to anyone currently employed by the Lake Odessa Community Library? _____ Yes _____ No *(please check one)*

If yes, please explain: _____

JOB INTERESTS

Applying for the position of _____

EMPLOYMENT AVAILABILITY

Are you: Legally eligible for employment? ___ Yes ___ No Presently employed? ___ Yes ___ No *(please check one)*

Can you: Work nights and weekends? ___ Yes ___ No Travel as needed? ___ Yes ___ No *(please check one)*

Have you ever been convicted* of a felony? ___ Yes ___ No *(please check one)* *Conviction will not necessarily disqualify an applicant.

If yes, please explain: _____

EDUCATION

	Elementary School	High School	Undergraduate	Graduation/Professional
School Name and Location				
Years of Study/ Diploma/Degree				
Describe Pertinent Course(s) of Study				

Describe any specialized training, apprenticeships, skills and/or extracurricular activities: _____

Describe any honors you have received: _____

State any additional information you feel may be helpful to us in considering your application: _____

EMPLOYMENT HISTORY

Beginning with your present or last job, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Please explain any gaps in employment in the following section titled APPLICANT'S NOTES ON EMPLOYMENT.

Name and Address of Employer _____ _____ _____	Dates of Employment		Annual Salary		Reason for Leaving	Name of Supervisor
	<i>From</i>	<i>To</i>	<i>Beginning</i>	<i>Ending</i>		
Phone # ____ - ____ - _____	Job Title and Description: _____					

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	<i>From</i>	<i>To</i>	<i>Beginning</i>	<i>Ending</i>		
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	<i>From</i>	<i>To</i>	<i>Beginning</i>	<i>Ending</i>		
Phone # ____ - ____ - _____	Job Title and Description: _____					

We may check references with the employers you have listed unless you indicate those you do not want us to contact.	DO NOT CONTACT: _____
	Reason: _____ _____

APPLICANT'S NOTES ON EMPLOYMENT / SKILLS AND QUALIFICATIONS

Please explain any gaps in EMPLOYMENT HISTORY. Also, summarize any pertinent skills, qualifications, and/or certifications acquired from employment:

REFERENCES

List three work references who are not related to you and who are not previous supervisors OR list three educational/personal references who are not related to you.

Name and Address	Phone #	Years Known

I understand that any misrepresentation by me on this application will be sufficient cause for the Lake Odessa Community Library to void this application or to dismiss me if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the library to continue to employ me in the future. I authorize the library to investigate my work performance with my references and previous employers (except as noted), and to investigate other such records pertinent to the job for which I have applied. I hereby release from liability the library and its representatives for seeking such information and all other persons, corporations, and/or organizations for furnishing such information. I understand and consent to physical tests, including drug and alcohol screenings, that may be required to certify my suitability for the work for which I have applied, and I release from liability the library and its representatives for any legitimate actions taken as a result of such tests. I also understand that refusal to submit to any tests will constitute a voluntary withdrawal of my application for employment. I also understand that the library may refuse to hire me as a result of such tests, and I agree to hold the library harmless for such refusal. If I become employed, I also agree to such physical tests, including drug and alcohol screenings, as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the library. I further agree to hold the library harmless for the consequences of such tests.

Signature of Applicant _____ Date ____ / ____ /20____

(Application is incomplete and invalid without signature.)