



Application for Employment

Public Libraries of Saginaw
505 Janes Ave.
Saginaw, Michigan 48607
Phone: (989)755-9833 Fax: (989)755-9828

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Print full name _____ Social Security # _____
Last First Middle

Present address _____
No. Street City State Zip Telephone #

In case of emergency, notify _____
Name Address Telephone #

Employment desired: full-time _____ part-time _____ substitute _____

Can you work weekends and evenings? _____ List hours you are available to work _____

Date available to start work if you are hired _____

Other name(s), if any, under which you have worked or attended school _____

Have you ever worked for this library? _____ Ever applied for work with this library? _____ If so, when? _____

How were you referred to this library? _____

How long have you been a resident of this city/state? _____ Are you on layoff/subject to recall? _____

Are you over 18 years of age? Yes ___ No ___ If under, can you furnish a work permit? Yes ___ No ___

Are you a citizen of the U.S.? _____ If not, do you have a legal right to remain in the U.S.? _____

If hired, can you provide the documents required to prove you are legally able to work in the U.S.? _____

Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

If yes, complete the following & use separate sheet if necessary:

Date	Offense	Place	Disposition
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U.S. MILITARY SERVICE

Branch of Service	From (date)	To (date)	Rank or Rating	Type of Discharge
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EDUCATION

Institution	Name & Location of School	Years Attended	Major Field of Study	
High School No				Did you graduate?
				Yes
College(s)				List Degrees Awarded
Graduate School				List Degrees Awarded

EXPERIENCE

Please list all previous employment and begin by listing your last or present employment first.
Use separate sheet, if necessary, or attach resume.

Dates From To	Company Name, Location & Phone	Position (List Duties)	Wage or Salary	Supervisor Name & Title	Reason You Left

When you apply for employment it is understood that the PUBLIC LIBRARIES OF SAGINAW reserves the privilege of contacting your past employers regarding references. May we also contact your present employers? Yes _____ No _____

Print full name _____ Date _____

Position for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Page | <input type="checkbox"/> Substitute (Applicant must be willing to work at all libraries) |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Clerical <input type="checkbox"/> Library Assistant (4 year college degree required) |
| <input type="checkbox"/> Library Technician | <input type="checkbox"/> Library Assistant (4 year college degree required) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Librarian (A.L.A./M.L.S. required) |

Available to work at the following libraries:

- | | |
|---|--|
| <input type="checkbox"/> Butman-Fish Branch Library | <input type="checkbox"/> Ruth Brady Wickes Library |
| <input type="checkbox"/> Archer A. Claytor Library | <input type="checkbox"/> Rudolph C. Zauel Memorial Library |
| <input type="checkbox"/> Hoyt Main Library | |

Please list the names of three persons not related to you, whom you have known at least one year:

1. Name & Title _____ Daytime Telephone # _____

Business & Address _____

2. Name & Title _____ Daytime Telephone # _____

Business & Address _____

3. Name & Title _____ Daytime Telephone # _____

Business & Address _____

Summarize: Any special skills and qualifications acquired from employment or other experiences. List any computer experience you may have:

Please list software you can operate: _____ Typing: ___ wpm

PLEASE READ:

I certify that the statements I have given in this application are true, and I have not knowingly withheld any circumstance that might, if disclosed, affect my application unfavorably. I understand and agree that if any statements made by me in this application prove to be false, misleading or incomplete, it will prevent me from being hired, or if hired, it will be grounds for my immediate dismissal from employment. I authorize my former employers to give any information they have regarding my employment with them in connection with this Application for Employment, and I release them from any liability for issuing this information. I understand and agree that my employment may be dependent upon the results of a physical examination at the Library's request. In consideration for my employment, I hereby agree to comply with all rules, regulations and policies established by the Public Libraries of Saginaw for its employees, including such new or revised rules, regulations and policies as may be subsequently established. I agree that information as to my ability as an employee, and also the cause for my leaving the Library may be given to any person, corporation or organization with whom I may seek employment, and I release the Library from any and all liability for releasing such information. Unless I am governed by a collective bargaining agreement providing to the contrary, **I further expressly agree my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the Library or myself, it being understood that the employment relationship between myself and the Public Libraries of Saginaw is one of employment at will.** I further expressly agree not to commence any action or suit relating to my employment with the Public Libraries of Saginaw,

more than six months after the date of termination of such employment, and to waive any statute of limitations to the contrary. I further understand and agree that no officer, agent or representative of the Library, other than the Library Commission, acting at a duly called meeting in accordance with the laws of Michigan, has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____

Date Interviewed _____ Interviewers _____

Revised 9/01