

Application for Employment

Public Libraries of Saginaw 505 Janes Avenue Saginaw, Michigan 48607 Phone: 989-755-9833 Fax: 989-755-9828

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Print full name					
	Last		First		Middle
Present address					
	Street	City	State	Zip	Telephone #
Employment desi	red: 🗆 full-time	□ part-time □ subs	titute		
Can you work we	ekends and evening	gs? 🗆 Yes 🗆 No			
List hours you are	available to work				
Date available to	start work if you a	re hired			
Other name(s), if	any, under which y	ou have worked or atto	ended school _		
Have you ever wo	orked for this library	/?□Yes□No If s	o, when?		
Have you ever app	blied for work with t	this library? 🗆 Yes 🛛	No If so, whe	n?	
How were you re	ferred to this librai	ry?			
How long have yo	ou been a resident o	of this city/state?			
Are you on layoff,	/subject to recall?	🗆 Yes 🛛 No			
Are you over 18 y	ears of age? 🛛 Ye	s 🗆 No 🛛 If under, ca	ın you furnish a	a work perr	mit? 🗆 Yes 🗆 No
Are you eligible to	work in the U.S.?	🗆 Yes 🛛 No			
If hired, can you p	provide the docume	nts required to prove y	ou are legally a	ble to worl	k in the U.S.? \Box Yes \Box No
Have you ever be	en convicted of a fe	elony? 🗆 Yes 🗆 No			

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

EXPERIENCE

Please list all previous employment including U.S. Military Service. Begin by listing your last or present employment experience. Use separate sheet, if necessary, or attach resume.

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

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? \Box Yes \Box No

Print full name_____ Date_____

Position for which you are applying:	
Page	\square Substitute (Applicant must be willing to work at all libraries)
Clerical	□ Clerical □ Library Assistant (4 year college degree required)
🗆 Library Technician	Library Assistant (4 year college degree required)
Other	Librarian (A.L.A./M.L.S. required)
Available to work at the following libraries:	 Butman-Fish Branch Library Ruth Brady Wickes Library Rudolph C. Zauel Memorial Library Hoyt Main Library
Please list the names of three persons not r	elated to you, whom you have known at least one year:
	Daytime
1. Name & Title	-
Business & Address	
	Daytime
2. Name & Title	Telephone #
Business & Address	
	Daytime
1. Name & Title	Telephone #
Business & Address	
Summarize: Any special skills and qualificati computer experience you may have:	ons acquired from employment or other experiences. List any

Please list software you can ope	erate:	Typing:	maw
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APPLICANT'S STATEMENT:

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 agree that any action or suit against the Library arising out of my employment or termination of employment, including, but not limited to claims arising under State or Federal civil rights, age discrimination or disability statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitations to the contrary.

App	licant's	Signature_

Date

Date	Interviewe	d
Revise	d 12/2013	

Interviewers_____