

THE LIBRARY NETWORK

APPLICATION FOR EMPLOYMENT

Application must be completed in full and signed or it will not be considered

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

We are committed to recruit, hire, compensate and promote individuals without consideration of age, sex, race, religion, national origin, height, weight, marital status or disabilities to the extent required by applicable law

Name: _____ Date: _____
Last First Middle

Phone # () _____

Present Address: _____
Number Street City State Zip

Previous Address: _____
Number Street City State Zip

GENERAL INFORMATION:

Referral Source: Walk In _____ Employee: _____ Newspaper _____ Other _____

Are you over 18 years of age? Yes _____ No _____ If no, do you have a work permit? Yes _____ No _____

Are you eligible to work in the U.S.? Yes _____ No _____

Have you ever applied to, or been employed by this company? Yes _____ No _____

If yes, please state the location and position: _____

Do you have your own transportation? Yes _____ No _____

Has your license ever been suspended or revoked? Yes _____ No _____

If yes, please list the violations: _____

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Have you been convicted of a crime within the last 10 years? Yes _____ No _____

Do you have any felony charges pending? Yes _____ No _____

If yes, describe _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Desired Salary _____

EDUCATION:

SCHOOL YEARS ATTENDED CITY/STATE DIPLOMAS/DEGREES/CERTIFICATED RECEIVED

XXXX

High School

College

Trade / Technical

Graduate School

MILITARY SERVICE:

Have you ever served in the Armed Forces of the U.S.? Yes _____ No _____ If yes, what branch? _____

Number of years of active duty? _____ Type of Discharge _____

EXPERIENCE IN THE LAST 10 YEARS (FULL-TIME / PART-TIME / SUMMER):

List in order of your last 3 employers starting with the most recent employment

Name of present or last employer Street Address City State

Type of Business Reason for Leaving Phone number

State your job title and briefly discuss your duties

Starting Date: _____ Ending Date: _____ Salary/Hourly Rate: _____ Supervisor: _____

Name of last employer Street Address City State

Type of Business Reason for Leaving Phone number

State your job title and briefly discuss your duties

Starting Date: _____ Ending Date: _____ Salary/Hourly Rate: _____ Supervisor: _____

Name of last employer Street Address City State

Type of Business Reason for Leaving Phone number

State your job title and briefly discuss your duties

Starting Date: _____ Ending Date: _____ Salary/Hourly Rate: _____ Supervisor: _____

PROFESSIONAL REFERENCES: (PLEASE LIST THREE REFERENCES BELOW. DO NOT LIST FRIENDS AND/OR RELATIVES)

Name	Street Address, City, State	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANTS: PLEASE READ THIS STATEMENT BELOW CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES THAT YOU EXPRESSLY AGREE WITH THE FOREGORING.

As part of my employment application to The Library Network, I hereby authorize them to contact all my former employers and the other references I provided regarding my performance record and work, academic and/or military experience. I also hereby release The Library Network and its employees, and all my former employers and their employees, and the other references I provided from any and all liability and damages for releasing or providing information concerning my performance record and work, academic and/or military experience, including but not limited to all the information requested in the application. I also hereby waive the right under the Bullard-Plawecki Right to Know Act, 1987 PA 397, to receive written notification from The Library Network or any former employer that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, shall be disclosed.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Library Network and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding unless made in writing by the Director with or without notice. If an employment relationship is established, I understand that I have the right to terminate my employment at any time with or without notice and that The Library Network may terminate my employment for any reason, with or without cause, with or without notice.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will result in termination. You are hereby authorized to make any investigation of my educational, financial, credit and employment history, as you deem necessary. I also agree and understand that prior to commencement of employment, I may be required to a standard employment physical examination, which may include a drug screening.

I am currently not taking any illegal drugs, including but not limited to amphetamines, barbiturates, marijuana, cocaine, heroine, methadone and opiate.

Signature: _____ Date: _____