

**HOWELL CARNEGIE DISTRICT LIBRARY**  
 314 W. Grand River, Howell, MI 48843 (517) 546-0720  
 Application for Employment

**THE HOWELL CARNEGIE DISTRICT LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER.** The Howell Carnegie District Library affords equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, veteran status or disability. You must complete the entire application. If you require any accommodation to complete the application process, please contact the library staff. Michigan law requires that an individual with a disability needing accommodations for employment notify the employer in writing within 182 days after the need is known.

<i>THIS APPLICATION WILL BE HELD FOR A PERIOD OF 90 DAYS</i>			DATE _____
NAME _____			
LAST)	(FIRST)	(MIDDLE)	
ADDRESS _____			
CITY _____		STATE _____	ZIP CODE _____
PHONE NUMBER _____		BEST TIME TO CALL _____	
POSITION APPLIED FOR _____			

**EDUCATION**

Type of School	Name & Location of School	Type of Degree	Courses Specialized In	Avg. Grade

**PREVIOUS EMPLOYMENT HISTORY & REFERENCES**

LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT POSITION -- INCLUDE MILITARY SERVICE

Dates of Employment	Name & Address of Company	Name & Phone Number of Supervisor	Salary
	Job Title/Duties	Reason for Leaving	
	Job Title/Duties	Reason for Leaving	
	Job Title/Duties	Reason for Leaving	
	Job Title/Duties	Reason for Leaving	

## GENERAL INFORMATION

Have you ever been suspended or discharged from any position? \_\_\_\_\_ If yes, give particulars \_\_\_\_\_

May we contact your current employer if you are being seriously considered for a position? \_\_\_\_\_

If you have any hobbies, skills, avocations that would benefit you in employment, please give details \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please give particulars \_\_\_\_\_

What are your career goals? \_\_\_\_\_

## REFERENCES

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE (     )	PHONE: (     )
OCCUPATION:	OCCUPATION:

## APPLICATION DISCLAIMER & ACKNOWLEDGEMENT

I certify that all of the information furnished on the application is true, complete and correct. I understand and agree that any falsification, misrepresentation, misleading statement, or omission of fact on this application or during the pre-hire process is sufficient reason for (1) my not being offered employment; or (2) dismissal at any time if employed.

I authorize my former and/or current employer(s) and other persons who may have information regarding my qualifications to give the library representative(s) any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise. I release all parties from all liability for any damages and causes of action, including, but not limited to, slander and libel, that may result from furnishing any such information. I authorize investigation of all statements contained in this Application of Employment as may be necessary in arriving at an employment decision.

I understand and agree that my employment and compensation is "at-will" and for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Howell Carnegie District Library, with or without cause, and without previous notice. I also understand and agree the Howell Carnegie District Library has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law.

I acknowledge that no employee or representative, other than the Library Director or the Library Board of Trustees, has either the power, or the authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, and that this agreement supersedes any other prior written or oral agreement and cannot be modified unless that agreement is in writing and signed by the Library Director or the President of the Library Board of Trustees

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

### FOR OFFICE USE ONLY:

Starting Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Hired by \_\_\_\_\_ Time Card No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_