



**Mount Clemens Public Library**  
150 Cass Avenue  
Mount Clemens, MI 48043  
586-469-6200  
www.mtclib.org

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS: Please print neatly or type. Complete all necessary information. Your application may be ineligible for review if information is omitted or inaccurate. This application will be kept on file for a period of six months. Be sure to sign this application.**

Today's date: \_\_\_\_\_  
Position applied for: \_\_\_\_\_  
Date you are available to begin work: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Middle name/initial: \_\_\_\_\_ Are you under 18? (check one)  Yes  No  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_ Phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Are you lawfully eligible to work in the United States? (check one)  Yes  No  
**Mount Clemens Public Library conforms to the Immigration Reform and Control Act of 1986, which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.**

Do you have any relatives currently employed by Mount Clemens Public Library?  Yes  No

Are you able, with or without reasonable accommodation, to perform and fulfill all of the essential duties and requirements of the jobs for which you are applying?  Yes  No  
**Michigan law requires that a person with a disability requiring accommodation for employment notify the employer in writing within 182 days after the need is known.**

Have you ever been convicted of a crime (other than a minor traffic offense)?  Yes  No  
If Yes, please state citation, date and place where offense occurred:  
\_\_\_\_\_

Are there any felony charges currently pending against you?  Yes  No  
If Yes, when, where and nature of offense:  
\_\_\_\_\_

Working conditions desired: (Check as many as are applicable; unchecked conditions are assumed to be "No." **Note: Most library positions required some evening and/or weekend hours.**

Full time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Days	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Educational Background**

School	Name/Location	Course of study	Did You Graduate?	Degree
High School			<input type="checkbox"/> yes <input type="checkbox"/> no	
G.E.D.			<input type="checkbox"/> yes <input type="checkbox"/> no	
Vocational:			<input type="checkbox"/> yes <input type="checkbox"/> no	
College/				
University:			<input type="checkbox"/> yes <input type="checkbox"/> no	
College/				
University:			<input type="checkbox"/> yes <input type="checkbox"/> no	
Other:			<input type="checkbox"/> yes <input type="checkbox"/> no	

**Professional Licenses/Certificates/Credentials:**

Type: \_\_\_\_\_ License/certificate # \_\_\_\_\_

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If you are applying for a librarian position, do you currently hold a Level 1 or Level 2 Professional Certification from the State of Michigan?

- Level 1 Certification  Level 2 Certification  Do not currently hold professional certification

**Computer Knowledge:**

Systems: \_\_\_\_\_

Software: \_\_\_\_\_

**Please list other experiences, abilities or talents that you may have that you could bring to Mount Clemens Public Library (i.e. military service, foreign languages, arts and crafts, etc.)**

**Employment Experience**

List jobs held in the past 10 years, beginning with your present or most recent employment. Attach extra pages if necessary. You may also attach a resume; however, this section must be completed in its entirety. Referring to attached resume is not sufficient.

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor name and title: \_\_\_\_\_ OK to contact?  Yes  No

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full or part time? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Describe duties, responsibilities and work performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor name and title: \_\_\_\_\_ OK to contact?  Yes  No  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full or part time? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Describe duties, responsibilities and work performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor name and title: \_\_\_\_\_ OK to contact?  Yes  No  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full or part time? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Describe duties, responsibilities and work performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor name and title: \_\_\_\_\_ OK to contact?  Yes  No  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full or part time? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Describe duties, responsibilities and work performed: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor name and title: \_\_\_\_\_ OK to contact?  Yes  No  
Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Full or part time? \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Describe duties, responsibilities and work performed: \_\_\_\_\_  
\_\_\_\_\_

**Professional References**

Please list three individuals not related to you, who would be willing to make a statement concerning your work experience and ability:

Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Company:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>

Please read the following statement carefully before signing to indicate your understanding:

I affirm that the information provided in this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified statements, misrepresentations or omissions - oral or written - may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I also understand that Mount Clemens Public Library may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to Mount Clemens Public Library. I also understand and acknowledge that convictions may result in disqualification from employment with Mount Clemens Public Library or in dismissal from employment if an offer of employment has been made and accepted.

I understand and agree that, if hired, my employment status is at-will. Therefore, my employment is for no definite period and may be terminated with or without cause, at any time, with or without notice.

If I am employed, I agree to abide by all polices, rules and regulations of Mount Clemens Public Library.

<hr style="width: 40%; margin-left: 0;"/>	<input style="width: 40%; height: 20px;" type="text"/>
Signature	Date

\*Excepted employers:

***Mount Clemens Public Library is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, creed or ancestry, age, religion, sex, height, weight, marital status, sexual orientation or handicapping condition in employment. No person shall be denied employment solely because of any handicap or disability that is unrelated to the individual's ability to perform the essential functions and duties of the job with or without accommodation.***