



MANISTEE COUNTY LIBRARY
95 MAPLE STREET, MANISTEE MI 49660
P: (231) 723-2519 F: (231) 723-7280
WWW.MANISTEELIBRARY.ORG

Application for Employment (Just-Cause)

Manistee County Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.

Position Applied For : _____ Date of Application: _____

Date Available to Start: _____

Please note that this application will remain active for 3 months, after which the applicant would need to reapply.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ **Cell** **Home** **Work**

Email Address: _____

Are you 18 years of age or older? **YES** **NO**

Are there any hours or days of the week you are not available to work? If so, when? _____

Desired Salary: _____ Type of Employment: Full Time Part Time

Are you currently employed? _____ May we contact your present employer? _____

Name, Title and Phone Number of Current Employer: _____

Have you ever applied for employment at Manistee County Library before? **YES** **NO**

If YES, please share when: _____

Education History:

	Name & Location of School	Years Attended	Did you Graduate? Y/N	Subject/Major
High School				
Trade School				
College				
Specialized Training				

Do you have US Military experience? **YES NO** Date Entered: _____ Branch: _____

Rank: _____ Date Discharged: _____ Honorably? **YES NO**

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime (except a minor traffic violation)? **YES NO**

If YES, please state citation, date, and location where offense occurred: _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel would be helpful to us in considering your application:

Emergency Contact:

Name: _____

Phone: _____

Relationship to you: _____

References: Please list 3 individuals not related to you, whom you have known for at least one year.

Name	Address	Telephone	Relationship	Years Known

Current and Former Employers: Begin with most recent

Date (Month/Year)	Employer Name, Location and Phone	Last Position Held & Responsibilities	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			
From: To:			

May we contact the employers listed? **YES** **NO**

If NO, which one(s)? _____

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

I understand that, prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test I will inform the Manistee County Library prior to the test so that a reasonable accommodation can be made. Manistee County Library reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained within this application are true, accurate and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

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 requested to not be contacted, 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 Manistee County Library and waive any right that I might have to be provided with notice that they are releasing this information, specifically any notice rights under the Bullard Plawecki Employee Right-to-Know Act.

Signature: _____

Date: _____

FOR EMPLOYER USE ONLY

Date: _____

Interviewed By: _____

Hired: _____

Starting Date: _____

Position: _____

Starting Wage: _____