



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

Application for Employment - Library Page

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.

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 eligible for legal employment within the United States? **YES** **NO**

Date of Birth: _____

Highest Grade Completed? _____

Are you able to provide a work permit? **YES** **NO**

Are you able to work evenings? **YES** **NO**

Are you able to work weekends? **YES** **NO**

Do you have reliable transportation to work? **YES** **NO**

What school activities are you involved in? _____

Hobbies and Interests? _____

Are there any other qualifications or experiences that you feel would be helpful to your employment experience here?

Have you ever been convicted of a crime? **YES** **NO**

If yes, please explain: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship to you: _____

References: Please list 2 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:			

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.

Please note: Accepting your application does not necessarily guarantee an interview.

Signature: _____

Date: _____