

APPLICATION FOR EMPLOYMENT

Revised 2/01/2022

The Lapeer District Library is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, sexual orientation or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position(s) Applied for: _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____ Email Address _____

Are you a relative by birth or marriage to any Lapeer District Library Board member or full-time management employee? Yes No

If Yes: _____
Name Relationship

Are you under 18 years of age? Yes ___ No ___
Are you currently working? Yes ___ No ___
Are you on lay-off? Yes ___ No ___
If yes, are you subject to recall? Yes ___ No ___
Will you submit to a drug screening test? Yes ___ No ___
Have you ever been employed by the Lapeer County or District Library? Yes ___ No ___

If Yes: _____
Position Department Dates

Are you prevented from lawfully becoming employed in this County because of Visa or Immigration status? Yes ___ No ___
(Proof of citizenship or immigration status may be requested upon employment)

Have you ever been fired? Yes ___ No ___
If yes, give date, where you worked and explanation: _____
Yes ___ No ___
Have you ever been convicted of a felony? Yes ___ No ___
If yes, completely describe including location and date: _____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes ___ No ___
(See attached job description)

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

EDUCATION

	High School	Vocational/Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, sexual orientation or any other protected class:

REFERENCES

(Do not include relatives)

Name	Address	Telephone
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MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes ___ No ___

If yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes ___ No ___

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

AVAILABILITY

Please indicate the hours you are available to work each day: (example 8am-8pm, after 3pm, etc.)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
Address			
Job Title	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired in dismissal.
2. I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters or reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to Know Act.
3. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.
4. I authorize the Lapeer District Library to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.
5. I understand that any employment offer is conditional upon the results of the drug screening test (if required) and the post offer pre-employment medical examination.
6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Lapeer District Library in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the Library will preclude any claim that the employer failed to accommodate the handicapper.
7. In consideration of my employment, I agree to conform to the rules and regulations of the Lapeer District Library, as they may be amended or changed from time to time, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Library or myself. I understand that no officer or representative of the Library has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the Director of the Library and any such agreement must be made in writing, directed to me personally. I further acknowledge that no one has made any representations or statements to the contrary to the Library's employment at-will policy or about the Library's economic outlook or stability to me, either oral or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.
8. I agree that any lawsuit against the Library arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary.

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF EACH OF THE ABOVE EIGHT (8) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Signature _____

Date _____

Please do not contact my current employer.