GLEN LAKE COMMUNITY LIBRARY

10115 W. Front Street
Empire, MI 49630
231.326.5361
www.glenlakelibrary.net

Application for Employment

The Glen Lake Community Library will provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Name (Last, first, middle) _____

Address _____

Telephone _____ Email _____

Social Security # _____

Position applied for _____

When can you start? _____ Desired wage $_____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (*You may be required to provide documentation*.) ❑ Yes ❑ No

Are you looking for full-time employment? ❑ Yes ❑ No

If no, what hours are you available? _____

Have you ever been convicted of a felony? (*This will not necessarily affect your application*.) ❑ Yes ❑ No

If yes, please describe conditions. _____

_____

_____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

_____

_____

_____

Employment History (***Start with most recent employer***)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❑ Yes ❑ No

Responsibilities _____

_____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application may be considered sufficient cause for dismissal. The library is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at the library is "at will," which means that either I or the library can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature_____ Date _____

To submit your application, mail to:

Glen Lake Community Library

PO Box 325, Empire, MI 49630

Or email to: info@glenlakelibrary.net