



CEDAR SPRINGS PUBLIC LIBRARY

107 N. MAIN ST, CEDAR SPRINGS MI 49319

PHONE: 616-696-1910 | FAX: 616-439-3149

EMPLOYMENT APPLICATION

NAME: _____ **DATE:** _____
(last) (first) (middle)
ADDRESS: _____
(number) (street) (city) (state) (zip code)
PHONE: _____

Position applied for: _____

Available to work: _____ full time _____ part time _____ days _____ evenings _____ weekends

You will need a Social Security Number as a condition of being hired.

If your application is considered favorably, what date will you be available for work with the Library?

Have you ever been employed by the Library before? _____ yes _____ no

Do you have any relatives employed by the Library? _____ yes _____ no

If yes, please list names: _____

Are you authorized to work in the United States of America? _____ yes _____ no

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION	NO. YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____
GRADUATE/ PROFESSIONAL	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Please describe any additional academic achievements or extracurricular activities:

EMPLOYMENT EXPERIENCE

(Please list present or most recent employer first.)

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____

ADDITIONAL QUALIFICATIONS

Please identify any additional knowledge, skills, qualifications, publications, or awards relevant to the applied for position that will be helpful to us in considering your application for employment (include special office, technical, and clerical skills):

REFERENCES

Please provide the name, address, and phone number of three additional references, other than present/former employers:

1. _____
2. _____
3. _____

AFFIDAVIT

READ CAREFULLY BEFORE SIGNING

I certify that my answers given herein are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Cedar Springs Public Library to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against the individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Library. I also understand that my employment is "at-will" and may be terminated by myself or by the Library at any time for any reason or no reason at all, with or without advance notice.

Signature of Applicant

Date