

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer.

Disabled applicants and employees may request an accommodation of their disability by notifying the Traverse Area District Library in writing of the need for accommodation within 182 days of the date that the accommodation is needed.

Have you ever been convicted of a crime? Yes No
If yes, please explain: _____

Are you a veteran of the U.S. military service? Yes No
If yes, what was your Branch of U.S. military service? _____

List professional, trade, business or civic activities and offices held (exclude groups which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references not related to you.

1. _____
Name Address Phone
2. _____
Name Address Phone
3. _____
Name Address Phone

Employment Experience (If Resume attached, skip to page 4 - Agreement)

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1	Employer	Dates		Work Performed
		From	To	
	Address & Telephone			
	Job Title	Hrly. Rate/Salary		
	Supervisor			
	Reason for Leaving			
<hr/>				
2.	Employer	Dates		Work Performed
		From	To	
	Address & Telephone			
	Job Title	Hrly. Rate/Salary		
	Supervisor-			
	Reason for Leaving-			
<hr/>				
3.	Employer-	Dates		Work Performed
		From	To	
	Address & Telephone-			
	Job Title-	Hrly. Rate/Salary		
	Supervisor-			
	Reason for Leaving-			

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

	Elementary / Middle School	High School	College / University	Graduate / Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree	/			
Describe specialized training, apprenticeship, skills, and extra-curricular activities.				

Honors received: _____

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and I authorize release of all such information without any obligation to provide me written notice of such disclosure. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that, if hired, I will be required to abide by all rules and regulations of the Library.

I understand that I may be subject to a criminal background check during the application process and/or a drug screen as a condition of any offer of employment.

Signature of Applicant

Date