

**SHIAWASSEE DISTRICT LIBRARY  
EMPLOYMENT APPLICATION**

Office Use Only

Date Applied: \_\_\_\_\_ Date Started: \_\_\_\_\_ Position: \_\_\_\_\_ DOB (after hire): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

\_\_\_\_\_ No. Hours Per Week: \_\_\_\_\_

Telephone: \_\_\_\_\_ US Citizen? YES NO

**EDUCATION**

Institution                      Major                      Graduation Date                      Degrees

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

Library Courses \_\_\_\_\_

Library Experience \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer's Name                      Address                      Position                      Dates

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**PERSONAL REFERENCES**

1. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

**THIS APPLICATION WILL BE KEPT ON FILE FOR 6 MONTHS. YOU MAY REAPPLY AT THAT TIME TO THE APPROPRIATE OFFICE.**

Person to be notified in case of emergency or accident:

\_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

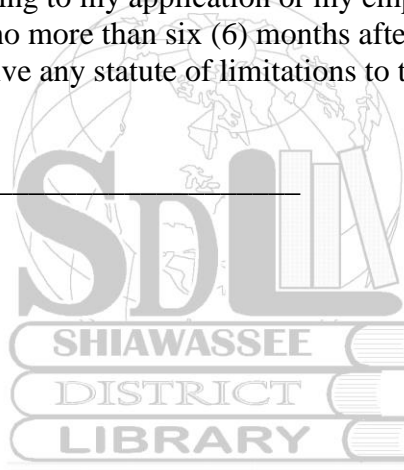
Have you ever been convicted of a felony? YES NO If yes, what? \_\_\_\_\_

\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I understand that any claim or lawsuit relating to my application or my employment or service with the Shiawassee District Library must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature \_\_\_\_\_



Revised 3-2008  
4-2019

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