

# Branch District Library System

## Application for Employment

10 E. Chicago St., Coldwater, MI 49036  
(517) 278-2341 Fax: (517) 279-7134

[www.branchdistrictlibrary.org](http://www.branchdistrictlibrary.org)

Please read all instructions carefully and complete all sections of the application completely and accurately. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered. Branch District Library System (BDLS) is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. If requested in advance and in compliance with the Americans with Disabilities Act, BDLS will provide reasonable accommodation to applicants in need of accommodations as to permit access to the application, interviewing, and selection process.

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_  
(Area Code) Home Number Secondary number where you can be reached.

E-mail: \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Date you can start \_\_\_\_\_

Full Time:	_____ Yes	_____ No	Days	_____ Yes	_____ No
Part Time:	_____ Yes	_____ No	Evenings	_____ Yes	_____ No
			Weekends	_____ Yes	_____ No

- Are you lawfully eligible to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check one)
- Are you under the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No (Check one)
- Have you applied to or been an employee of the Branch District Library?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If so, when? \_\_\_\_\_

- Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please state citation, date and place where offense occurred.

\_\_\_\_\_

- Are you able, with or without reasonable accommodation, to perform and fulfill all of the essential duties and requirements of the job for which you are applying?  
 \_\_\_ Yes \_\_\_ No (check one)

- Do you have any relatives employed with the Branch District Library?  
 \_\_\_ Yes \_\_\_ No (check one)

Name and Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

**EDUCATION**

	Name & Location of School	No. of Years Attended	Degree, Certificate and/or Diploma	Subject/Major
High School				
College, Trade or Tech. School				
College, Trade or Tech. School				
College, Trade or Tech. School				

**PERSONAL REFERENCES**

Please list three individuals not related to you, whom you have known for at least one year.

Name	Address & Telephone	Relationship	Years Acquainted

## EMPLOYMENT HISTORY - 1

Beginning with your current or most recent job, list all previous employers and provide description of duties, including military and unpaid volunteer experience. Provide explanation for dates of unemployment. Attach additional sheets if necessary. **You may also attach a resume, but this application must be completed in its entirety.**

From:	To:	Employer's Name:	Job Title:	Hours per week
(Month/Year)	(Month/Year)			

Street Address	City/State	Salary (per hour, month or year)
Supervisor	Supervisor's Title	Phone

Reason for leaving:


May BDLS contact for reference?     Yes     No    (check one)

Duties / Responsibilities:


## EMPLOYMENT HISTORY - 2

From:	To:	Employer's Name:	Job Title:	Hours per week
(Month/Year)	(Month/Year)			

Street Address	City/State	Salary (per hour, month or year)
Supervisor	Supervisor's Title	Phone

Reason for leaving:


May BDLS contact for reference?     Yes     No    (check one)

Duties / Responsibilities:


<b>EMPLOYMENT HISTORY - 3</b>
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From:	To:	Employer's Name:	Job Title:	Hours per week
(Month/Year)	(Month/Year)			

Street Address	City/State	Salary (per hour, month or year)
Supervisor	Supervisor's Title	Phone

Reason for leaving:


May BDLS contact for reference?     Yes     No    (check one)

Duties / Responsibilities:


**Please read the following statement carefully before signing to indicate your understanding.**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements, as well as misrepresentations or omissions, on this application may result in termination.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\*Employers specifically excepted: \_\_\_\_\_