Almont District Library 213 W. St. Clair, P.O. Box 517

Almont, MI 48003-0517 Phone: 810-798-3100/ Fax: 810-798-2208

Employment Application

		Applicant Ir	nforma	tion	-	_	
Full Name:						Date:	
	Last	First			M.I.		
Address:	Street Address					A	
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	Email				
Position Ap	plied for:						
Are you a ci	itizen of the United States?	YES NO	If no, a	are you	authorized to w	YES york in the U.S.?	NO
Have you ev	ver worked for this library?	YES NO	If yes,	when?_			
Do you have position app	e any special training skills, blied for?	qualifications, licenses	, certific	ations	or other experi	ences that relate to the	
-	_	Educa	ation		_	_	
High Schoo	d:	Address:					
From:	To:	Did you graduate?	YES	NO	Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other: _		Address:					
From:	To:	Did von graduate?	YES	NO	Dagraa		

<u>References</u> Please list three references of persons, not related to you, whom you have known for over a year.. Full Name: Years Known: Address: Phone: Full Name: Years Known: Address: Phone: Years Known: Full Name: Address: Phone: Previous Employment Phone: Company: Supervisor: Address: Job Title: Responsibilities: _____ To:____ Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Phone: Company: Supervisor: Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? \Box

Company:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From: To:	Reason for Leaving:
May we contact your previous supervisor for a reference?	YES NO □ □
Disclaimer a	and Signature
I certify that my answers are true and complete to the bestatements contained in this application for any employm	
If this application leads to employment, I understand that interview may result in my release.	t false or misleading information in my application or
Signature:	Date: