



BELLEVILLE AREA DISTRICT LIBRARY EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work within the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMPLOYMENT HISTORY

List positions in order with the most recent position held first.

1. Employer _____

Position _____ Dates employed _____ to _____

Duties performed _____

May we contact this employer? YES NO

If no, please provide the reason: _____



BELLEVILLE AREA DISTRICT LIBRARY

167 Fourth St • Belleville, MI 48111 • (734) 699 - 3291

<http://www.belleville.lib.mi.us/>

2. Employer _____
Position _____ Dates employed _____ to _____
Duties performed _____

May we contact this employer? YES NO
If no, please provide the reason: _____

3. Employer _____
Position _____ Dates employed _____ to _____
Duties performed _____

May we contact this employer? YES NO
If no, please provide the reason: _____

OTHER RELEVANT WORK SKILLS OR KNOWLEDGE:

REFERENCES

Please list three professional references.

Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____



AGREEMENT AND SIGNATURE

The Belleville Area District Library is an equal opportunity employer and does not discriminate on the basis of race, ethnicity, color, age, gender, gender identity, sexual orientation, marital status, handicap, creed, religious, or political affiliation. The library makes every economically feasible effort to comply with the Americans with Disabilities Act.

I authorize the Belleville Area District Library to investigate all statements contained in this application, including record of any former employers, police departments, and other references or sources concerning me. I authorize all references and sources to release this information without liability for damage incurred in giving it. I waive any written notice of the release of these records that may be required by state or federal law.

I affirm the information provided on this application (and accompanying resume and notes, if any) is true and complete. I understand and agree any misrepresentation or false statement on this application shall be considered cause for the rejection of this application or, in the event I become employed, immediate discharge.

(Date)

(Signature of applicant)



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