



Employment Application

The Cromaine District Library does not discriminate on the basis of sex, age, race, national origin, color, religion, marital status, weight, height, veteran status, sexual orientation, gender identity or expression, disability or any other protected category in accordance with state, federal or local laws.

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State		ZIP	
Phone	Alternate Phone	E-mail Address		
Date Available:		Desired Salary/Wage:		
Position Applied for:				
Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> (Proof of citizenship or immigration status will be required upon employment)				
Have you ever been convicted of, or plead guilty or no contest to, a crime? *YES <input type="checkbox"/> NO <input type="checkbox"/> If "yes," please explain: <hr/> <hr/>				
<small>*Please note that this includes any misdemeanor or felony conviction, including Driving Under the Influence or related charges. A conviction does not automatically preclude you from employment with the Cromaine District Library. The Library considers criminal history within the context of individual positions, severity of the crime(s), and the time that has elapsed since conviction(s).</small>				
Are you able to perform all the essential functions of the job for which you are applying, with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you willing to work overtime if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you able to get to work and on time for each shift?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do you want to work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	On what date are you available for work? _____	
What shift(s) are you available to work (circle all that apply)? Midnights Days Afternoons				
Have you filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you know anyone who works for our organization	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please indicate who and his/her relationship to you:	
How did you find out about the position that you are applying for? _____				
Have you ever worked for this Library?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when:	
Can you travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If you are hired and are under the age of 18 are you able to provide a work permit?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been dismissed from or asked to resign from any employment position? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: <hr/> <hr/> <hr/>				

Is any additional information relative to a different name necessary to check work or other records? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:									
Are you currently under investigation by any administrative agency, professional association or board governing conduct for a specific profession? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:									
EDUCATION									
<i>Provide Requested Information for All Formal Schooling</i>									
School					Address				
Area of study		Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree Attained			
School					Address				
Area of study		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Attained				
School		Address							
Area of Study		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree Attained				
Full Name		Relationship							
Company		Phone ()							
Address									
Full Name		Relationship							
Company		Phone ()							
Address									
Full Name		Relationship							
Company		Phone ()							
Address									
PREVIOUS EMPLOYMENT									
<i>List in Order of Last or Current Employer First. Include any job-related military service assignments and volunteer activities.</i>									
Company					Phone ()				
Address					Supervisor				
Job Title					Duties				
Responsibilities					Salary				
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Company					Phone ()				
Address					Supervisor				

Job Title				Duties
Responsibilities				Salary
From		T O		Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Company		Phone ()		
Address		Supervisor		
Job Title		Duties		
Responsibilities		Salary		
From		T O		Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

MILITARY SERVICE

Branch	From	To
Rank at Discharge		

DISCLAIMER AND SIGNATURE – READ CAREFULLY AND SIGN BELOW

I certify that the facts set forth in this Employment Application, in my résumé and in the other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment or in dismissal from employment if an offer of employment has been made and accepted. I understand that my employment will be contingent, if selected, on my completion of the pre-employment process which may include a background check and drug screen. I authorize the Library to perform a drug screen and will sign all authorizations related to complete a criminal background check if I am conditionally offered a position of employment.

I hereby authorize the Library to contact all my former and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record, work, academic and/or military experience. I hereby authorize my current and former employers, educational institutions, military entities, and the other references I have provided to disclose to the Library all information regarding me.

I also hereby release the Library and its employees and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Library or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Library may conduct a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search. I further hereby release the individual or entity conducting the search, the Library and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search.

In consideration of my employment I agree and understand that my employment can be terminated with or without notice, and with or without cause, at either my option or at the option of the Library, it being mutually understood and agreed that my relationship with the Library is one of employment at will. No representatives of the Library, other than the Library Director, has the authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing, and any such agreement must be in writing and signed by the Library Director.

I further recognize that if employed by the Library, I agree, in consideration of my employment, to file any claim or lawsuit arising out of or in any way related to my employment and/or cessation of my employment within one hundred-eighty (180) days after the claim(s) arise(s) or within the applicable statutory limitations period(s) provided by law, whichever occurs first, and my failure to do so shall act as a bar to any claim that I may have.

If I am employed by the Library, I understand that additional personal data will be required for statistical purposes. I will abide by all policies, rules and regulations of the Library.

I understand that if I have a disability I must timely tell the Library in writing of my need for accommodation within one hundred-eighty two (182) days after I know or reasonably should know that an accommodation is needed. I further understand failure to do so may prevent me from alleging a violation of the accommodation requirements otherwise imposed by applicable law.

I understand that it is the policy of the Library to maintain a workplace free from the effects of both illegal drugs and/or alcohol. I understand and agree I may be tested for illegal drug and alcohol use during my employment as the Library deems necessary, in its sole discretion. My refusal to take a test, altering the results of a test, tampering with my sample, or failing the test will disqualify me from employment. I understand a drug test may be required prior to employment and any time during my employment at the sole discretion of the Library. I agree, if employed, to submit to a job-related medical exam at any time at the Library's request. I consent to have the results of any post offer, pre-employment or post-employment medical examination I am required to undergo disclosed to the Library. I also acknowledge that if hired I may be required to submit to medical/physical examinations which are job related and consistent with business necessity.

I have read each paragraph above and accept the terms and conditions described.

The Library does not discriminate on the basis of sex, age, race, national origin, color, religion, marital status, weight, height, veteran status, sexual orientation, gender identity or expression, disability or any other protected category in accordance with state, federal or local laws.

Once my application file is complete, the Library will keep this application for at least one year, or for any other period of time dictated by state or federal law. I understand that any application I submit will be active for sixty (60) days only and will be considered only for the position I originally applied for. I will have to reapply for any new job openings. All materials submitted become the property of the Library.

Applicant Signature:

Date:

Applicant's Printed Name: