



**Application for Employment**  
**Cadillac Wexford Public Library**  
**411 S. Lake St.**  
**Cadillac, MI 49601**  
**(231) 775-6541**  
**www.cadillaclibrary.org**

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, marital status, veteran status or disability. Please note that this application will remain active for only six (6) months, after which time applicant must reapply. Complete every line by printing in black in or using a computer. If the question does not apply, write N/A. Do not leave the space blank or refer to your resume. Fill out every section and sign page four. Applicants are responsible for completing the application. Failure to do so may result in it being withdrawn from consideration.

Last Name First Middle I.

Number and Street

City State Zip

Phone Home ( ) Best time to call:

Cell ( ) Best time to call:

Email Address:

Position Applied For:	Date:
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Where did you hear about this opening?

School	Name and Address	Course of study	Last Year Completed	Graduate?	Diploma or Degree
High					
College					
Grad					

Other education or training you have had. Include military training, apprenticeship programs, correspondence school, volunteer work etc.

**Instructions:** Answer all questions in this section. Questions in this section may be job-related or required by state or federal law. It depends upon the type of job for which you are applying. Your answers will not be considered unless the information is related to the job for which you are applying.

Were you previously employed by us?    Yes  No  If yes when?

List any friends or relatives working for us?

Specify days and hours available, if part-time.

What date are you available to start work?

If you are under age 18, do you have a work permit/temporary permit from your school district?

Have you ever been convicted of a crime?    Yes     No

If so, explain.

References: List in spaces provided below the names of persons, not related to you, who have knowledge of your experience and qualifications for the position.

Full Name	Title/Position	Email Address	Business or occupation telephone	Years Acquainted
1				
2				
3				

**Experience: Begin with your present or last job. Attach extra pages if needed.**

Company Name:                      Salary:                      Telephone:                      Immediate Supervisor:

Address:                      City/State:                      Dates Employed:                      Full time  Part time   
From:                      To:                      Hours per week \_\_\_\_\_

Job Title and Responsibilities

Company Name:                      Salary:                      Telephone:                      Immediate Supervisor:

Address:                      City/State:                      Dates Employed:                      Full time  Part time   
From:                      To:                      Hours per week \_\_\_\_\_

Job Title and Responsibilities

Company Name:                      Salary:                      Telephone:                      Immediate Supervisor:

Address:                      City/State:                      Dates Employed:                      Full time  Part time   
From:                      To:                      Hours per week \_\_\_\_\_

Job Title and Responsibilities

May we contact your present employer?    Yes                       No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I certify the facts set forth in this Application of Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter, should, I be employed by the Cadillac Wexford Public Library (hereinafter "the Library").

I hereby authorize the Library to contact all my former and current employers (unless otherwise indicated herein), educational institutions, military entities, and the other references I have provided. I understand that the Library may conduct, or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual or entity conducting the search to the Library. I hereby release the Library and its employees, Board Members, officers, 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 (except liability under civil rights laws) for releasing or using information concerning me and my performance record and work, academic and / or military experience or criminal history.

Subsequent to an offer of employment being made, I agree to undergo the necessary medical examination conducted by a physician or other professional of the Library's choice and understand that such offer of employment is conditioned upon the results of this examination.

State and federal laws require the Library to make reasonable accommodation to disabled applicants and employees where the accommodation does not impose an undue hardship on the Library. Michigan law provides that employees and applicants may request an accommodation of their disability by notifying the Library in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. This requirement does not waive an individual's rights under the American s With Disabilities Act of 1990, an Amended. Federal law may provide different rights or remedies with regard to accommodation of disabled applicants or employees.

I agree not to commence any action or suit relating to my employment or the Library's failure to offer me employment, more than one year after the date of termination of such employment, or, if not hired, within one year of the date of application, and to waive any statute of limitations to the contrary, unless such statute of limitations provides a shorter period of time in which to bring a claim or cause of action.

If I am employed, I understand that additional personal data may be required for determination of not being hired, benefit eligibility, and for statistical purposes.

If I am employed, I understand my employment will be at-will meaning that either party may terminate the employment relationship with or without cause and without notice at any time for any reason. Any change in the at-will status of my employment may only be made in writing, signed by the Library Director, and directed to me personally.

If I am employed, I will abide by all policies, rules and regulations of the Library.

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Signature of Applicant

Date