

MARSHALL DISTRICT LIBRARY

Employment Application



EXPLORE · DISCOVER · GROW

APPLICANT INFORMATION

| | | | | | |
|----------------|--|----------------|----------------|------------------|------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Phone | | E-mail Address | | | |
| Date Available | | | Desired Salary | | |

Position Applied for

Are you 16 years or older? YES NO

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

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain

EDUCATION

High School Address

From To Did you graduate? YES NO Degree

College Address

From To Did you graduate? YES NO Degree

Other Address

From To Did you graduate? YES NO Degree

REFERENCES

Please list three professional references.

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

Please fill out both sides of employment application

| PREVIOUS EMPLOYMENT | | | |
|---|-----------------|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| 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 | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| 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 | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | 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 | | Type of Discharge | |
| If other than honorable, explain | | | |
| DISCLAIMER AND SIGNATURE | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | |
| Signature | | Date | |
| Please return application to Marshall District Library, 124 West Green Street, Marshall, MI 49068 Questions? Call (269)781-7821 or visit us online at www.MarshallDistrictLibrary.org | | | |
| If there is anything else you would like us to know about you, please write it here. You may attach a resume or other information. | | | |