

Baldwin Public Library

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300 W. Merrill St. Birmingham, MI 48009 | Phone: 248.647.1700 | Fax: 248.647.6393 | <http://www.baldwinlib.org> | hr@baldwinlib.org

EMPLOYMENT APPLICATION | The Baldwin Public Library is an equal opportunity employer

INSTRUCTIONS: Complete all necessary information. Please print or type. This application will be kept on file for a minimum period of at least one (1) year. Be sure to sign and date this application.

POSITION APPLIED FOR: _____ APPLICATION DATE: _____

MINIMUM SALARY ACCEPTABLE: _____ DATE AVAILABLE FOR WORK: _____

LEGAL NAME (Last, First, Middle Initial): _____

PREFERRED NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

E-MAIL ADDRESS: _____ @ _____

PHONE NUMBER: _____ / _____ - _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? Yes No

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

ARE YOU INTERESTED IN FULL TIME WORK? Yes No

ARE YOU INTERESTED IN PART TIME WORK? Yes No

ARE YOU AVAILABLE TO WORK NIGHTS AND WEEKENDS? Yes No

DO YOU KNOW OF ANY REASON WHY YOU WOULD NOT BE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION?

Michigan law requires employers to make accommodations to applicants and employees with disabilities where the accommodation does not impose an undue hardship on the employer. Employees and applicants with disabilities may request an accommodation of their disability by notifying the City in writing of the need for accommodation within 182 days of the date the applicant with a disability knows or should know that an accommodation is needed. Failure to notify the City will preclude any claim that the employer failed to accommodate the applicant with a disability.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

(A positive response to this question does not automatically disqualify you from consideration)

IF YES, WHEN, WHERE, AND NATURE OF OFFENSE: _____

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY JOB? Yes No

If Yes, please explain the circumstances: _____

EMPLOYMENT EXPERIENCE

List jobs held in the past 10 years. List your present employment first. List every promotion as a new job. Attach extra pages if necessary. The information that you provide will be used in determining whether or not you are employed. *Please include all requested information, even if a résumé is attached.*

EMPLOYER: _____ JOB TITLE: _____
PHONE NUMBER: _____ ADDRESS: _____
SUPERVISOR/TITLE: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ JOB TITLE: _____
PHONE NUMBER: _____ ADDRESS: _____
SUPERVISOR/TITLE: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ JOB TITLE: _____
PHONE NUMBER: _____ ADDRESS: _____
SUPERVISOR/TITLE: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ JOB TITLE: _____
PHONE NUMBER: _____ ADDRESS: _____
SUPERVISOR/TITLE: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: _____ JOB TITLE: _____
PHONE NUMBER: _____ ADDRESS: _____
SUPERVISOR/TITLE: _____
DATES EMPLOYED: FROM _____ TO _____
REASON FOR LEAVING: _____
MAY WE CONTACT THIS EMPLOYER? YES NO

EDUCATIONAL BACKGROUND

SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?		HIGHEST GRADE, DEGREE OR DIPLOMA
		YES	NO	

PROFESSIONAL LICENSES/CERTIFICATIONS/CREDENTIALS (If applicable):

TYPE: _____ NUMBER: _____

TYPE: _____ NUMBER: _____

TYPE: _____ NUMBER: _____

COMPUTER KNOWLEDGE:

SYSTEMS: _____

SOFTWARE PROFICIENCY: _____

LANGUAGE PROFICIENCY (If applicable): _____

MILITARY SERVICE

BRANCH: _____ DATES: _____

FINAL RANK: _____

REFERENCE RELEASE

Following an interview, I authorize the Baldwin Public Library to contact all places of employment that were approved of on this application.

Signature: _____

HOW DID YOU LEARN OF THIS POSITION? _____

CERTIFICATION/SIGNATURE

I certify the facts set forth in the Application for Employment, in my resume 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 with the employer (hereinafter "the City of Birmingham") or in dismissal from employment if offer of employment has been made and accepted.

I hereby authorize the City of Birmingham, to contact all of my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the City of Birmingham and its employees and agents, and all of my former employers, educational institutions, and 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 City of Birmingham or any former or current employer, that disciplinary report, letter 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 City of Birmingham may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history and driving record search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search, the City of Birmingham, 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. I also understand and acknowledge that convictions may result in disqualification from employment with the City of Birmingham or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical examination conducted by a physician or other professional of the city of Birmingham's choice, and understand that any offer of employment is conditioned upon the results of this examination.

I agree not to commence any action or suit relating to my employment with the City of Birmingham more than 180 days after the occurrence of the facts giving rise to the claim, of more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City of Birmingham.

Signature: _____ Date: _____

(Print Name)