

Saugatuck-Douglas District Library 174 Center Street, PO Box 789 Douglas MI 49406 269-857-8241

EMPLOYMENT APPLICATION

Applicant Information									
Full Name:	Last	First			M.I.	Date:			
Address:	Street Address					 Apartment/Unit #			
						· 			
	City				State	ZIP Code			
Phone:		E	Email						
Date Availat		Desired Wage: \$							
Position Applied for:									
YES NO YES Are you a citizen of the United States? YES NO The state of the United State of the Unite						NO			
YES NO Have you ever been convicted of a felony?									
If yes, explain:									
		Educ	ation						
High School: Address:									
From:	To:	Did you graduate?	YES	NO	Diploma:				
College: Address:									
From:	To:	Did you graduate?	YES	NO	Degree:				
Other:		Address:							
From:	To:	Did you graduate?	YES	NO	Degree:				
		Military	Servic	е					
Branch:					From:	To:			
Rank at Discharge: Type of Discharge:									
If other than honorable, explain:									

References									
Please list three pro	ofessional references.								
Full Name:			Re	elationship:					
Company:				Phone:					
Address:									
Full Name:			Re	elationship:					
C				Phone:					
Address:									
Full Name:			Re	elationship:					
C				Phone:					
Address:									
	Pr	evious Employme	nt						
Company:				Phone:					
Address:			8	Supervisor:					
Job Title:		Starting Salary: \$		Ending Salary: \$					
Responsibilities:									
	To:								
May we contact your	previous supervisor for a re	YES	NO 🗆						
Company:				Phone:					
Address:				Gupervisor:					
Job Title:		Starting Salary: \$		Ending Salary:					
Responsibilities:									
From:	To:	Reason fo	or Leaving:						
May we contact your	previous supervisor for a re	YES ference?	NO						
	Disc	claimer and Signat	ture						
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:					