

Saugatuck-Douglas District Library 10 Mixer Street, PO Box 789 Douglas MI 49406 269-857-8241

EMPLOYMENT APPLICATION

Applicant Information										
Full Name:				Date:						
	Last	First		M.I.						
Address:	Street Address				Apartment/Unit #					
	City			State	ZIP Code					
Phone:		E	mail							
Date Availab	ble:		Desired Wage:							
Position App	olied for:									
YES NO YES NO Are you a citizen of the United States? □ □ If no, are you authorized to work in the U.S.? □ □										
YES NO Have you ever been convicted of a felony?										
If yes, explain	in:									
Education										
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 Service										
Branch:				From:	To:					
Rank at Disc	charge:		Type of Discharge:							
If other than	honorable, explain:									

References								
Please list three profe	essional references.							
Full Name:					Relationship:			
0					Phone:			
Address:								
Full Name:					Relationship:			
Company					Phone:			
Address:								
Full Name:					Relationship:			
0					Phone:			
Addroso:								
	F	Previous Em	ployme	nt				
Company:					Phone:			
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Job Title:		Starting Sal	Ending Salary: \$					
Responsibilities:								
From:					<u> </u>			
May we contact your p	revious supervisor for a ı	reference?	YES	NO				
					Phone:			
Address:					Supervisor:			
Job Title:		Starting Sal	ary: <u>\$</u>		Ending Salary:			
Responsibilities:								
From:	To:		Reason for Leaving:					
May we contact your p	revious supervisor for a ı	reference?	YES	NO				
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:			