Application for Employment

South Haven Memorial Library
314 Broadway Street, South Haven MI 49090
Phone: 269-637-2403 * Fax: 269-637-1685
Email: shml@shmlibrary.org * www.shmlibrary.org

Please read all instructions carefully and complete all sections of the applications completely and accurately.

South Haven Memorial Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. If requested in advance and in compliance with the Americans with Disabilities Act, South Haven Memorial Library will provide reasonable accommodation to applicants in need of accommodation so as to permit access to the application, interviewing and selection process.

Date of Application: _____

Position applied for: _____
(For each position you wish to apply for, a separate application must be completed.)

Date you can start: _____

Name: _____
(last) *(first)* *(middle)*

Address: _____
(street) *(city)* *(zip)*

Telephone: _____ home / work / cell *(circle one)*

Email: _____ @ _____

Are you lawfully eligible to work in the U.S.? □Yes □No *(check one)*

Are you under the age of 18? □Yes □No *(check one)*

Have you ever been employed under a different name? □Yes □No *(check one)*

If yes, what name? _____

EDUCATION

	Name & Location of School	No. o f Years Attended	Degree Certificate or Diploma	Subject Major
High School				
College, Trade or Technical School				
College, Trade or Technical School				
College, Trade or Technical School				

PROFESSIONAL REFERENCES

Name	Address & Telephone	Relationship	Years Acquainted

EMPLOYMENT HISTORY

Beginning with your current or most recent, list all previous employers and provide descriptions of duties, including military and unpaid volunteer experience. Provide explanation for dates of unemployment. Attach additional sheets if necessary. You may also attach a resume, but this application must be completed in its entirety.

From: Month/Yr To: Month/Yr	Employer's Name	Job Title	Hours per week

Street Address	City/State	Salary (per hour, month or year)
Supervisor	**Supervisor's Title**	**Phone**

Reason for leaving:

May SHML contact for reference? **Yes** **No** ***(circle one)***

Duties / Responsibilities:_____

Employment History #2

From: **To:** **Month/Yr** **Month/Yr**	**Employer's Name**	**Job Title**	**Hours per week**

Street Address	**City/State**	**Salary (per hour, month or year)**
Supervisor	**Supervisor's Title**	**Phone**
Reason for leaving:		

May SHML contact for reference? **Yes** **No** ***(circle one)***

Duties / Responsibilities:_____

Employment History #3

From: **To:**	**Employer's Name**	**Job Title**	**Hours per week**

Street Address	City/State	Salary (per hour, month or year)
Supervisor	Supervisor's Title	Phone
Reason for leaving:		

May SHML contact for reference? **Yes** **No** ***(circle one)***

Duties / Responsibilities:_____

_____

_____

_____

_____

Employment History #4

From: To: Month/Yr Month/Yr	Employer's Name	Job Title	Hours per week

Street Address	City/State	Salary (per hour, month or year)
Supervisor	Supervisor's Title	Phone
Reason for leaving:		

May SHML contact for reference? **Yes** **No** ***(circle one)***

Duties / Responsibilities:_____

_____

_____

_____

_____

Please read the following statement carefully before signing to indicate your understanding.

I certify the facts contained in this application are true and complete to the best of my knowledge and understanding. If employed, falsified information or omissions in this application could be grounds for termination.

I authorize the investigation of all statements contained in this application for any employment related purposes. I release the list of references and all employers, except those I specifically exempted, to provide you with any and all applicable information they may have. I hereby release these references and former employees from any liability for any information they may give to you.

Date: _____

Signature: _____

Employers specifically exempted: _____

_____

OFFICE USE ONLY

Classification: _____ **Start Date:** _____

Rate:_____ **per hour**

_____ **Full-Time** _____ **Part-Time**

Authorized Signature: _____

Date: _____

Revised: 11-2021

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Disclosure to Applicants

This is to inform you that as part of South Haven Memorial Library's procedure for processing your employment application we may obtain from a consumer reporting agency a consumer report containing information such as criminal records or drug screens.

South Haven Memorial Library will not obtain such a report without your signed authorization.

South Haven Memorial Library complies with the Fair Credit Reporting Act which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

Please sign below to signify receipt of the foregoing disclosure.

Print Full Name: _____

Signature: _____

Date: _____