



Salem-South Lyon District Library

Imagine the Possibilities

9800 Pontiac Trl, South Lyon, MI 48178

Phone: 248-437-6431 | Fax: 248-437-6593

Employment Application: Head of Adult Services

This application must be completed thoroughly and included along with your cover letter, and resume. Send these documents as a single, combined PDF attachment to: dolson@ssldl.info with "Head of Adult Services " in the subject of the email by **5 PM Friday, June 8, 2018** in order to be considered for this position.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

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 library? YES NO If yes, when? _____

Have you ever been convicted of a crime or offense, other than a minor traffic violation? YES NO

If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMPLOYMENT HISTORY

Start with present or most recent job and list all previous employers. If you need more space, continue on a separate sheet.

Employer	Dates		Hourly Rate/Salary	
Telephone	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

Employer	Dates		Hourly Rate/Salary	
Telephone	From	To	Start	Final
Address (City, State, Zip)				
Job Title	Supervisor			
Reason(s) for Leaving	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> _____			
Work Performed				

References

Please list at least 3 professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission falsification, or misrepresentation is cause for my immediate termination at any time during my employment.

I authorize investigation of all statements contained in this application for any employment related purpose and I understand that a criminal background check will be performed as part of the hiring process. I hereby release any references and current or former employers for all liability for any information they may give you.

Signature: _____ Date: _____