



Salem-South Lyon District Library

9800 Pontiac Trail South Lyon, MI 48178 | Phone: (248) 437 6431 Fax: (248) 437 6593

<https://ssldl.info>

Application for Student Technology Intern

Application must be filled in completely or it will not be processed.

The **Salem-South Lyon District Library** is an “at will,” equal opportunity employer whose policy is to select the most qualified candidates without regard to race, religion, color, sex, age, marital or military status, history of disability or national origin. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Employees under 18 years of age must obtain a work permit or have their school complete a training agreement before starting work. Work permits can be obtained from the school the minor attends or the school district where the minor resides.

DATE OF APPLICATION _____ **DATE YOU CAN START** _____

NAME _____

ADDRESS: _____

PHONE _____ **EMAIL** _____

Have you ever been convicted of a crime or offense other than minor traffic violations? Yes () No ()

If “Yes,” please explain:

Conviction of a crime is not an automatic disqualification for employment. All factors will be considered.

EDUCATION RECORD- Current or most recent information only.

Name of School _____

Address of School _____

Last Grade Completed _____

Course of Study: General Education () or Specific Major ()

Please list major: _____

For High School level applicants, please provide a teacher reference (academic subjects only).

Teacher: _____ **Email:** _____ **Subject:** _____

List any regular extracurricular activities that you are involved in:

SPECIAL SKILLS

Include any skills you feel will be of interest to your potential employer, or skills that may benefit the Library.
(Ex. Poster-making, computer skills, etc.)

EMPLOYMENT RECORD

May we contact all the employers listed? Yes () No ()

If not, which one(s)? _____

Current Employment: Are you currently employed? Yes () No ()

Name of Employer _____

Address _____

Phone Number _____ **Start Date** _____

Previous Employment:

Name of Employer _____

Address _____

Phone Number _____ **Start Date** _____ **End Date** _____

Reason for Leaving: _____

Name of Employer _____

Address _____

Phone Number _____ **Start Date** _____ **End Date** _____

Reason for Leaving: _____

SCHEDULING

Please list the specific days of the week and hours you would available to work:

APPLICANT WAIVER FORM Salem-South Lyon District Library

To be signed by all job applicants, along with application form.

1. I agree and understand that all 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.
2. 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 will release the listed references and all employers, except those specifically excepted in the previous section, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.
3. I understand and I agree that, if hired, my employment status is at-will. Therefore, my employment is for no definite period; and may, regardless of the date of payment of my wages, be terminated with or without cause, at any time, with or without notice. Any agreement altering the terminable at will nature of the employment relationship must be in writing and signed by myself and the Director of the Library.
4. I agree that any action or suit against the Library arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statues must be brought within 182 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

Signature

Date

For Employer Use Only		
Interviewed By: _____	Date: _____	Hired? _____
Starting Date: _____	Position: _____	Wage: _____
Days/Times Scheduled to Work: _____		