## **Application For Employment**

Superiorland Library Cooperative 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. 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.

Position Applied For:			Date of Application:				
			Please note that this application will only remain active for a months, after which the applicant would need to re-apply				
Name:							
Last	Fi	irst	M.I.				
Present Addre	ss:						
	Street			State			
Phone #: Hom	e/Cell ()		Work (	))			
Email:							
Are you emplo	yed now? May we	e contact	your present e	mployer?			
Name, title and	d phone of current employer:	:					
EDUCATION:							
	Name and Location of So	chool	No. of Years Attended	Did You Graduate?	Subject/Major		
High School							
College							
Graduate							
Have you beer	eligible to be employed in the convicted of a felony in the ate citation, date and place	e past seve	en (7) years?	No			
	any additional information such alifications you feel will be helpfu				perience, equipmen		

R	FFFRENCES:	Three individuals not	related to you	whom you	have known	for at least	one vear
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Name		Address and Telepho	one	Relationship	Years Acquainted
-	2			I	
Emergency (	Jontact: Nai	me Str	eet	City/State	Phone
CURRENT A	ND FORME	R EMPLOYERS: (	Most Recent Fir	st)	
Date Month/Year		Name, Address, and Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From:					
То:					
From:					
То:					
From:					
То:					
From:					
То:					
From:					
То:					
May we cont	act the emple	oyers listed?	Yes No		
	one(s)?				
,	( )	*	*	*	
If selected fo	or employme			documents establishing	g their employ
employment	references a	nd other informatio	n will be condu	ontrol Act of 1986. An otted. Appointees must	satisfactorily
employment		ate a contractual ob		ered permanent. Accepte Superiorland Library	
		Signature			Date

For Employer Use Only							
Interviewed By:		Date:	Hired:	_Yes	_ No		
Starting Date:	Position:			Wage:			