



**APPLICATION FOR  
EMPLOYMENT  
NOVI PUBLIC LIBRARY  
45255 W. Ten Mile Road  
Novi, MI 48375  
(248) 349-0720  
www.novilibrary.org**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND SHALL CONSIDER QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE; COLOR; SEX; RELIGION; NATIONAL ORIGIN; AGE; HEIGHT; WEIGHT; MARITAL STATUS; VETERAN STATUS OR DISABILITY.

PLEASE NOTE THAT THIS APPLICATION WILL REMAIN ACTIVE FOR ONLY SIX (6) MONTHS, AFTER WHICH TIME APPLICANT MUST REAPPLY.

COMPLETE EVERY LINE BY PRINTING IN BLACK INK OR USING A COMPUTER. IF THE QUESTION DOES NOT APPLY, WRITE N/A. DO NOT LEAVE THE SPACE BLANK OR REFER TO YOUR RESUME. FILL OUT EVERY SECTION AND SIGN PAGE FOUR. APPLICANTS ARE RESPONSIBLE FOR COMPLETING THE APPLICATION. FAILURE TO DO SO MAY RESULT IN IT BEING WITHDRAWN FROM THE PROCESS.

Last Name	First	Middle I.
Number and Street		
City	State	Zip
Phone	Home: ( )	Best time to call:
	Cell: ( )	Best time to call:
E-mail Address:		
Position Applied For:		Date:
Where did you hear about this opening?		

School	Name and Address of School	Course of Study	Last Year Completed	Graduate?	Diploma or Degree
High					
College					
Grad					

Other education or training you have had. Include military training, apprenticeship programs, correspondence school, volunteer work, etc.

**EXPERIENCE: Begin with your present or last job. Attach extra pages if needed.**

Company Name:	Salary:	Telephone:	Immediate Supervisor:
Address:	City/State:	Dates Employed	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
		From: To:	Hours per week _____
Job Title and Responsibilities			

Company Name:	Salary:	Telephone:	Immediate Supervisor:
Address:	City/State:	Dates Employed	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
		From: To:	Hours per week _____
Job Title and Responsibilities			

Company Name:	Salary:	Telephone:	Immediate Supervisor:
Address:	City/State:	Dates Employed	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
		From: To:	Hours per week _____
Job Title and Responsibilities			

May we contact your present employer? Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:** Answer all questions in this section. Questions in this section may be job-related or required by state or federal law. It depends upon the type of job for which you are applying. Your answers will not be considered unless the information is related to the job for which you are applying.

Were you previously employed by us? Yes  No  If yes, when?

List any friends or relatives working for us?

If operation of a vehicle is part of the job duties of the position you are applying for, provide the following information:

Driver's License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Issued by what state: \_\_\_\_\_

Are there currently any restrictions on your license? Yes  No  License type (Operator or Chauffeur) \_\_\_\_\_

Specify days and hours available, if part-time.

What date are you available to start work?

If you are under age 18, do you have a work permit/temporary permit from your school district?

**REFERENCES:** List in spaces provided below the names of three persons, not related to you, who have knowledge of your experience and qualifications for the position.

FULL NAME	TITLE/POSITION	EMAIL ADDRESS	BUSINESS OR OCCUPATION TELEPHONE	YEARS ACQUAINTED
1.				
2.				
3.				

**PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY**

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

**PLEASE READ AND SIGN BELOW**

I certify the facts set forth in this Application of Employment, in my resume, and in any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application for employment will result in immediate discharge at any time thereafter, should I be employed by the Novi Public Library (hereinafter "the Library").

I hereby authorize the Library to contact all my former employers and current employers (unless otherwise indicated herein), educational institutions, military entities, and the other references I have provided. I understand that the Library may conduct, or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the result of that search by the individual or entity conducting the search to the Library. I hereby release the Library and its employees, Board Members, officers, and agents, and all of my former and current employers, educational institutions, military entities, and the other references I have provided, from any and all liability and damages (except liability under civil rights laws) for releasing or using information concerning me and my performance record and work, academic and /or military experience or criminal history.

Subsequent to an offer of employment being made, I agree to undergo the necessary medical examination conducted by a physician or other professional of the Library's choice and understand that such offer of employment is conditioned upon the results of this examination.

State and federal laws require the Library to make reasonable accommodation to disabled applicants and employees where the accommodation does not impose an undue hardship on the Library. Michigan law provides that employees and applicants may request an accommodation of their disability by notifying the Library in writing of the need for accommodation within 182 days of the date the individual knows or should know that an accommodation is needed. This requirement does not waive an individual's rights under the Americans With Disabilities Act of 1990, as Amended. Federal law may provide different rights or remedies with regard to accommodation of disabled applicants or employees.

I agree not to commence any action or suit relating to my employment or the Library's failure to offer me employment, more than one year after the date of termination of such employment, or, if not hired, within one year of the date of application, and to waive any statute of limitations to the contrary, unless such statute of limitations provides a shorter period of time in which to bring a claim or cause of action.

If I am employed, I understand that additional personal data may be required for determination of not being hired, benefit eligibility, and for statistical purposes.

If I am employed, I understand my employment will be at-will meaning that either party may terminate the employment relationship with or without cause and without notice at any time for any reason. Any change in the at-will status of my employment may only be made in writing, signed by the Library Director, and directed to me personally.

If I am employed, I will abide by all policies, rules and regulations of the Library.

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Signature of Applicant

Date