



13101 Schavey Rd. DeWitt MI 48820  
 517.669.3156 fax 517.669.6408  
 www.dewittlibrary.org

# LIBRARY EMPLOYMENT APPLICATION

The DeWitt District Library is an equal opportunity employer and does not discriminate in its policies or practices on the basis of age, religion, race, color, national origin, gender, or handicap of any individual.

Please print clearly and complete each section.

## PERSONAL INFORMATION

Name:

Address:

Telephone: (Home)

(Cell)

Email Address:

## AVAILABILITY

Are you 18 years old or older?  Are you eligible to work in the U.S.

Do you have a valid Driver's License?  Have you been convicted of a felony or misdemeanor?

Availability: (Please view DDL's business hours online @ [www.dewittlibrary.org](http://www.dewittlibrary.org))

- |  |   |
|--|---|
| <input type="checkbox"/> Mondays - time available _____  | <input type="checkbox"/> Tuesdays—time available _____  |
| <input type="checkbox"/> Wednesdays—time available _____ | <input type="checkbox"/> Thursdays—time available _____ |
| <input type="checkbox"/> Fridays—time available _____    | <input type="checkbox"/> Saturdays-time available _____ |
| <input type="checkbox"/> Sundays-time available _____    | DDL is closed Sundays Memorial Day - Labor Day          |

## EMPLOYMENT HISTORY

Employer:

Job Title:

Dates Employed:

Supervisor:

Contact Information:

Ok to Contact?  Yes  No

Reason for Leaving:

Employer:

Job Title:

Dates Employed:

Supervisor:

Contact Information:

Ok to Contact?  Yes  No

Reason for Leaving:

Employer:

Job Title:

Dates Employed:

Supervisor:

Contact Information:

Ok to Contact?  Yes  No

Reason for Leaving:

**EDUCATION AND TRAINING**

School	Years Attended	Major	Graduated? (yes or no)

**OTHER TRAINING, SKILLS, LANGUAGES, & ASSETS**

Please list languages other than English that you can speak, read or write fluently:

Please list computer software you can operate:

Please list any other skills/assets you feel would add to your qualifications for employment:

**REFERENCES**

Cannot be a relative

Name	Address	Phone	Relationship

Is anyone related to you employed by the DeWitt District Library or serve on the Library Board of Trustees?

Yes

No

If yes, please give name and relation to you:

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

I certify that the statements made in this application are true and correct. I authorize investigation of all statements and facts in this application for employment. I understand that misrepresentation or omission of facts will result in invalidating this application or dismissal.

I understand that the DeWitt District Library reserves the right to screen applicants, to accept or reject any applications. I understand that I may be subject to a background check and agree to provide the information necessary to complete a background check if requested.

Library employees are recognized by the public as representatives of the Library and shall adhere to DeWitt District Library guidelines for *Personal Conduct* as outlined in the DeWitt District Library Employment Practices.

Applicant's Signature:

Date: \_\_\_\_\_