



DETROIT PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

It is the policy of the Detroit Public Library to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle initial _____

Street Address _____

City _____ State _____ Zipcode _____

Phone contact number(s) _____

Position applied for _____

How did you hear of this opening? _____

Are you interested in full-time employment only? Yes No

If no, what hours are you available? _____

If offered employment, are you willing to work a "swing shift"? Yes No

If offered employment, and applicable, are you willing to work the midnight shift? (Security Positions Only)
 Yes No

Are you a U.S. citizen or otherwise authorized to work in the U. S. on a restricted basis? (You may be required to provide documentation) Yes No

Are you 18 years or older (high school students 16 years or older)? Yes No

Have you ever been convicted of a felony (*This will not necessarily affect your application*)? Yes
 No

If yes, please describe conditions: _____

Have you ever been convicted of a sex related or child abuse related offenses? Yes No

If yes, please describe conditions: _____

U.S. MILITARY _____

Discharge Status _____

Present membership in National Guard or Reserves? _____

EDUCATION, JOB SKILLS AND OCCUPATIONAL CERTIFICATIONS

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, occupational licenses, certificates or registrations that we should consider? _____

EMPLOYMENT HISTORY (Start with most recent employer)

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Reason for leaving _____

Name of supervisor _____

May we contact? Yes No

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Reason for leaving _____

Name of supervisor _____

May we contact? Yes No

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Reason for leaving _____

Name of supervisor _____

May we contact? Yes No

Company Name _____

Address _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Reason for leaving _____

Name of supervisor _____

May we contact? Yes No

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The Detroit Public Library is hereby authorized to make any investigations of my prior educational and employment history.

Signature _____ Date _____