



CLARKSTON INDEPENDENCE DISTRICT LIBRARY

Innovate. Enrich. Educate.

EMPLOYMENT APPLICATION

Federal and state law required that all applications be considered without regard to religion, race, color, national origin, age, sex, sexual orientation, height, weight, marital status, disability, partisan consideration, or genetic information. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligation to the fullest.

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street City State Zip

Phone (home) _____ Phone (cell) _____

Email: _____

Date Available: _____ Desired Salary:\$ _____

Position Applied for: _____

Specify hours available for each day of the week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Are you a citizen of the United States? Y N

If no, are you authorized to work in the U.S.? Y N

Have you ever worked for CIDL? Y N

If yes, when? _____

Have you ever been convicted of a felony? Y N

If yes, explain: _____

Education

	Name and Address of School	Did You Graduate?	Dates	Subjects Studied and Degrees Received
High School:		Y N		
College:		Y N		
Other:		Y N		

Former Employers

List all employers with current or most recent employment first. If limited previous employment, list three persons, not related, who have known you for some time.

Company: _____ Phone _____
Address: _____ Supervisor _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

Company: _____ Phone _____
Address: _____ Supervisor _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

Company: _____ Phone _____
Address: _____ Supervisor _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Y N

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal.

Signature _____

Date _____

OFFICE USE ONLY

Date received:

Start Date:

Date contacted: phone email