

Lakeland Library Cooperative  
4138 3 Mile Rd. NW  
Grand Rapids, MI 49534

# EMPLOYMENT APPLICATION

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Lakeland will be based on merit, qualifications, and abilities. Lakeland does not discriminate in employment opportunities or practices on the basis of race, color, religion, gender, national origin, age, disability, or any other characteristic protected by law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**PERSONAL:**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
LAST FIRST MIDDLE

Work Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Present Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Are you 18 or over ? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition \_\_\_\_\_

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? Yes No

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

Operator License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? Yes No

Operator License Number (Driver Applications Only) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Are you seeking ☐ full-time ☐ part-time ☐ temporary or summer employment?

Position applied for \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to or worked for our company before? Yes No

If your answer to the above questions is Yes, state when and where you applied and /or worked.

How did you learn of our company and /or position?

Are there any days or hours you would be unable or unwilling to work: Yes No

If yes, please specify those days or hours you would be unable or unwilling to work. \_\_\_\_\_

Do you have a disability which will affect your ability to perform any of the functions of the job for which you have applied? Yes No

If Yes, what functions can you not perform and what accommodations could be made which would allow you to do the work adequately? \_\_\_\_\_

**EDUCATION:**

Name, Address and Location	Graduated	Courses Studied
High School	Yes No	Diploma
Trade School	Yes No	Diploma
College	Yes No	Diploma
Graduate School	Yes No	Diploma

If you did not graduate, why did you leave high school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes No If so, when, where and what courses? \_\_\_\_\_

List and describe any other School or Specialized Training. \_\_\_\_\_

List professional memberships and offices held (if applicable to position). \_\_\_\_\_

**MILITARY:**

Have you ever served in the military?    Yes            No

Service Branch \_\_\_\_\_ Final Rank \_\_\_\_\_

**EMPLOYMENT INFORMATION**

List names of employers in consecutive order with present or last employer listed first.

**PLEASE GIVE MONTH AND YEAR.**

Employer Address City, State, Zip Code	Dates Employed		Pay
Telephone Area Code (    )	From: Mo.____	To: Mo.____	Starting \$_____
Title	Year____	Year____	Ending \$_____

Duties  
\_\_\_\_\_Name and Title of Last Supervisor  
\_\_\_\_\_Reason for Leaving  
\_\_\_\_\_

Employer Address City, State, Zip Code	Dates Employed		Pay
Telephone Area Code (    )	From: Mo.____	To: Mo.____	Starting \$_____
Title	Year____	Year____	Ending \$_____

Duties  
\_\_\_\_\_Name and Title of Last Supervisor  
\_\_\_\_\_Reason for Leaving  
\_\_\_\_\_

Employer Address City, State, Zip Code	Dates Employed		Pay
Telephone Area Code (    )	From: Mo. ____ Year ____	To: Mo. ____ Year ____	Starting \$ ____ Ending \$ ____
Title			
Duties			
Name and Title of Last Supervisor			
Reason for Leaving			

If you worked in any of your positions under another name, please give that name(s) below: (For reference checking purposes).

Name \_\_\_\_\_ Company \_\_\_\_\_ Name \_\_\_\_\_ Company \_\_\_\_\_

Are you presently employed?..... Yes      No

Have you ever been fired, or asked to resign, from a job? \_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

### SPECIAL SKILLS

List those skills & abilities which you feel particularly qualify you for a position with us.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

Give three business references (not relatives).

Name	Address	Phone	Occupation

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**AFFIDAVIT**

**READ CAREFULLY BEFORE SIGNING**

I certify that my answers given herein are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Lakeland Library Cooperative to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I also understand that my employment is "at-will" and may be terminated by myself or by Lakeland Library Cooperative at any time for any reason or no reason at all, with or without advance notice.

I agree that, if I am employed, any claim or lawsuit relating to my service with Lakeland Library Cooperative must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_