



**APPLICATION FOR EMPLOYMENT  
NOVI PUBLIC LIBRARY**  
Administration Office  
45255 Ten Mile Road  
Novi, MI 48375  
(248) 349-7204 or Fax (248) 349-6520  
administration@novilibrary.org  
**AN EQUAL OPPORTUNITY EMPLOYER**

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 FAILURE TO DO SO MAY RESULT IN IT BEING WITHDRAWN FROM THE PROCESS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
Number and Street		
City	State	Zip Code
Phone	Home: (     )	Best time to call:
	Cell: (     )	Best time to call:
Email Address (will be used to contact):		
Position Applied For:		Date:
Where did you hear about this opening?:		

School	Name and Address of School	Course of Study	Last Year Completed				Did You Graduate	Diploma or Degree
			1	2	3	4		
High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grad			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

If you are applying for a clerical position, please complete the following:		Driver's License Number			
Typing speed: _____ words per minute					
MILITARY SERVICE RECORD		LICENSES:			
Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	License Number	Issued by	Expiration Date
Branch of Service:	From:                      To:				
Honorable Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No				

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

<b>1</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>2</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>3</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

<b>4</b>	Company Name:	Salary:	Telephone: (      )	Immediate Supervisor
	Address	City/State	Dates Employed From:                      To:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____
	Job Title and Responsibilities		Reason for Leaving	Number of Employees You Supervised

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.

	YES	NO
How long have you lived at present address? _____ Previous address _____ How long did you live there? _____ No. Street City State Zip Code		
Are you legally eligible for employment in the U.S.A.? (If yes, verification will be required)		
Are you 18 years of age or older?		
Were you previously employed by the Novi Public Library? If yes, when? Department:		
Have you previously applied to the Novi Public Library? If yes, what position and when?		
Have you ever been fired from a job? If yes, explain:		
Have you ever been employed under a name other than the name you use now? (For employment verification purposes only) If yes, what was it?		
Do you have any relatives working at the Novi Public Library? If yes, name and relation:		
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses. If yes, describe in full:		
Are there any felony charges pending against you? The response to this question will not necessarily disqualify the applicant from employment, but will be considered in the context of job-relatedness.		

<b>REFERENCES:</b> 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.				

**Check to be sure all lines are answered then complete the back of this form.**

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 and current employers, educational institutions, military entities, and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Library and its employees, Trustees, 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 for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Library or any former or current employer, that disciplinary reports, letters or reprimand, or other disciplinary actions taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Library may, in its sole discretion, 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 further hereby release the individual or entity conducting the search, the Library, and its employees, Trustees, officers, and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal convictions will result in disqualification from employment with the Library or in dismissal from employment if an offer of employment has been made and accepted.

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.

I understand that the Library is an at-will employer and that, if hired, my employment status is at will, which means that either party may terminate the employment relationship, with or without cause, at any time. I understand that this relationship can only be altered in writing, directed to me personally, and signed by the President of the Board of Trustees.

I agree that any action, claim or suit against the Library, as a result of my employment or termination of employment, must be brought within 182 calendar days of the event giving rise to the claim, action or suit, or no later than the applicable limitations period established by statute, whichever is less.

If I am employed, I understand that additional personal data may be required for determination of benefit eligibility and for statistical purposes.

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

By checking this box you are agreeing to the terms above and signing your application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Only signed and completed applications will be considered.**

Revised 09/09/20