

White Cloud Community Library

1038 E. Wilcox PO Box 995

White Cloud, MI 49349

231-689-6631 Fax: 231-689-6699

APPLICATION FOR EMPLOYMENT:

Name: _____

Address: _____

City/State/Zip: _____

Phone(s): _____

Position applied for: _____

Special training or skills that would benefit the job you are applying for: _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

What date would you be available to start? _____

Have you been employed at WCCL before? Yes No If Yes, Dates _____

Are you legally able to be employed in the U.S.? Yes No If Yes, Proof is Required.

Are you over the age of 18? Yes No If NO, please state age _____

EDUCATIONAL BACKGROUND:

Elementary School:

Name and Location: _____

Course of Study: _____ Did you graduate? Yes No

Degree or Diploma: _____

High School:

Name and Location: _____

Course of Study: _____ Did you graduate? Yes No

Degree or Diploma: _____

Vocational , Training, or Other:

Name and Location: _____

Course of Study: _____ Did you graduate? Yes No

Degree or Diploma: _____

College:

Name and Location: _____

Course of Study: _____ Did you graduate? Yes No

Degree or Diploma: _____

Graduate School and/or Continuing Education:

Name and Location: _____

Course of Study: _____ Did you graduate? Yes No

Degree or Diploma: _____

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Previous Employers and Addresses:

Place an by the employer(s) you do not want us to contact. List the most recent first.

1. Company Name: _____ Phone: () _____

Contact Name(s): _____

Address: _____ Employed from ____/____ to ____/____

Position: _____ Last Hourly Wage: _____

Describe responsibilities: _____ Reason for leaving: _____

2. Company Name: _____ Phone: () _____

Contact Name(s): _____

Address: _____ Employed from ____/____ to ____/____

Position: _____ Last Hourly Wage: _____

Describe responsibilities: _____ Reason for leaving: _____

3. Company Name: _____ Phone: () _____

Contact Name(s): _____

Address: _____ Employed from ____/____ to ____/____

Position: _____ Last Hourly Wage: _____

Describe responsibilities: _____ Reason for leaving: _____

4. Company Name: _____ Phone: () _____

Contact Name(s): _____

Address: _____ Employed from ____/____ to ____/____

Position: _____ Last Hourly Wage: _____

Describe responsibilities: _____ Reason for leaving: _____

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE SUBMITTED ON THIS FORM IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF MYSELF ARE DISCOVERED, MY APPLICATION CAN BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY PROSPECTIVE EMPLOYMENT, I AGREE TO CONFORM TO THE WHITE CLOUD COMMUNITY LIBRARY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND/OR NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANYS DETERMINATION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT CAN BE CHANGED, WITH OR WITHOUT CAUSE AND/OR NOTICE AT ANY TIME BY THE COMPANY.

Applicant's Signature _____ Date _____