

Albion District Library

Application for Work Study Employment



501 S. Superior St. Albion, MI 49224 · (517) 629-3993 · www.albionlibrary.org

The Albion District Library is an Equal Opportunity Employer and considers all qualified applicants for positions without regard to race, color, gender, religion, national origin, age, marital status, handicap or any other protected category. **Answer all questions completely. Please print clearly in blue or black ink.**

Basic Information

Last Name	First Name	Middle Initial
Street Address (<i>Home</i>)	City, State	Zip Code
Primary Phone Number (<i>with area code</i>)	E-mail Address	Today's Date

Education Information

Type of School	School Name	City, State	Major/Areas of Study
High School			
Current College/ University			
Previous College/University <small>(if applicable)</small>			

If you do not have a High School Diploma, do you have a G.E.D? Yes () No ()

What is your college class ranking? () Freshman () Sophomore () Junior () Senior

Are you eligible for Federal Work Study Aid? () Yes () No () Unsure

Work Availability

Write down the hours you will be available to work this semester. The library is closed on Fridays and Sundays.

Monday	Tuesday	Wednesday	Thursday	Saturday

Areas of Interest

In which areas of the library would you like to work? *Please check all that apply.*

() **Adult Room** () **Children's Room** () **Local History Room**
 () **G.E.D Testing** () **Tutoring** () **Interloan/ Special Projects**

Employment and/or Volunteer Experience

Company Name	Job Title	Dates Employed ____ to ____
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Address	Phone
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Responsibilities	Reason for Leaving
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Company Name	Job Title	Dates Employed ____ to ____
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Address	Phone
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Responsibilities	Reason for Leaving
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References

Please list the names of (2) adults, not related to you, from previous work, volunteer, or school experience.

Name	Relationship	Phone	Years Known
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Name	Relationship	Phone	Years Known
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Are you a citizen of the United States? Yes () No ()

If not, do you have the legal right to be employed in the United States? Yes () No ()

Under the Immigration Reform & Control Act of 1986 you must verify you are an authorized alien. If you cannot, any offer of employment will be rescinded.

Do you have any relatives who are employed at Albion District Library? Yes () No () If yes, please list name(s) _____

Have you been convicted of a misdemeanor or felony? Yes () No () *If yes, please complete information below.*

Date _____ Offense _____ Place _____ Disposition (*probation, jailed, etc.*) _____

APPLICANT CERTIFICATION THAT INFORMATION IS ACCURATE AND COMPLETE

I affirm that the information provided on this application is true and complete. I also agree that any false information, misrepresentations, or omissions oral or written may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

APPLICANT'S CONSENT TO VERIFY INFORMATION AND RELEASE

I authorize Albion District Library to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all references and sources (and the company) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of these records that may be required by state or federal law.

Signature	Date
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