



## Saranac Clarksville District Library

61 Bridge Street  
PO Box 27  
Saranac, MI 48881

165 N Main St  
PO Box 200  
Clarksville, MI 48815

The Saranac Clarksville District Library considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years or older?  Yes  No

### EMPLOYMENT INFORMATION

Position applied for: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

Do you have relatives working for the Saranac Clarksville District Library?  Yes  No

If yes, please list name and relationship: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### EDUCATION INFORMATION:

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No

Degree Received: \_\_\_\_\_

Name of Graduate College: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No

Degree Received: \_\_\_\_\_

*Degree Other*

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No

Degree Received: \_\_\_\_\_

List any specialized training, apprenticeship and extracurricular activities. List special job related skills or qualifications, and professional licenses or certificates.

**REFERENCES:**

Please list three professional references not related to you.

**Reference 1**

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Reference 3**

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

<b>EMPLOYMENT HISTORY:</b>
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**Employer 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for reference?       Yes     No

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Supervisor's title: \_\_\_\_\_

Specific duties/responsibilities:

Reason for leaving:

**Employer 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for reference?       Yes     No

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Supervisor's title: \_\_\_\_\_

Specific duties/responsibilities:

Reason for leaving:

**Employer 3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for reference?       Yes     No

Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Supervisor's title: \_\_\_\_\_

Specific duties/responsibilities:

Reason for leaving:

I certify that this application is complete to the best of my knowledge and all information given is true and contains no misrepresentations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_