



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: _____

EMPLOYMENT HISTORY:

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: _____