

CAPITAL AREA DISTRICT LIBRARIES EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

(517) 367-6300
Fax (517) 374-1068
401 S. Capitol Avenue
Lansing MI 48933
cadl.org

Full Name: _____
Last First Middle

Job Vacancy Title: _____ Location: _____

INSTRUCTION TO APPLICANT: CADL accepts only those applications which are submitted in response to an advertised job vacancy. An application should only be completed if you can perform the essential job functions outlined in the job vacancy posting, with or without reasonable accommodation. Job postings are available in the Capital Area District Libraries' Human Resources Department to assist you in making this determination. Please fill out the entire application. Completing an application does not imply that you will be interviewed or hired, only that you will be given full consideration in competition with other applicants for a vacancy. All applications will be kept on file for thirty (30) days. Offers of employment **shall** be contingent upon satisfactorily passing a pre-placement physical when directly related to job requirements for a position. A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resources Department. **CADL contacts only the applicants who are being considered for a position. Other applicants will not receive any notice regarding the status of their application.**

BASIC INFORMATION

Address _____
Street City State Zip

Phone (Home) _____ Phone (Alternate) _____

Email Address _____

Are you 18 years or older? Yes No

Are you eligible to work in the U. S.? Yes No

Visa Type _____ INS No. _____

Do you have a valid Driver's License? Yes No

How did you hear about The Capital Area District Libraries? _____

Is anyone related to you employed by The Capital Area District Libraries? Yes No

If yes, please give name and relation to you _____

EDUCATION AND TRAINING RECORD

MARK ALL APPROPRIATE BOXES.

Please note: You will be required to provide an official (unopened) copy of your college transcripts if you are **hired** for a position that requires college course work.

| EDUCATIONAL INSTITUTION | DEGREE | MAJOR | GRADUATED (Yes or No) |
|-------------------------|--------|-------|--------------------------|
| | | | |
| | | | |
| | | | |

LANGUAGES

List languages other than English which you can speak, read or write fluently. (If applicable to position)

| | |
|--|--|
| _____ SPEAK READ WRITE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ SPEAK READ WRITE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|--|--|

EMPLOYMENT RECORD

Please list your work experience below starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job. Attach additional sheets if necessary. **These references will be contacted.**

| | | | | |
|----------------------------|----------|---|--------------------------------------|-------------------------------------|
| EMPLOYER #1 | | | JOB TITLE | |
| STREET ADDRESS | | | DATES OF EMPLOYMENT (Month/Day/Year) | |
| CITY | | | From: _____ To: _____ | |
| STATE | ZIP CODE | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Number of Employees You Supervised: |
| STARTING SALARY: | | | ENDING SALARY: | |
| SUPERVISOR'S NAME | | PHONE NUMBER | | E-MAIL ADDRESS |
| DESCRIPTION OF YOUR DUTIES | | | | |
| REASON FOR LEAVING | | | | |
| OTHER COMMENTS | | | | |

EMPLOYMENT RECORD CONTINUED

| | | | | |
|----------------------------|----------|---|--------------------------------------|-------------------------------------|
| EMPLOYER #2 | | | JOB TITLE | |
| STREET ADDRESS | | | DATES OF EMPLOYMENT (Month/Day/Year) | |
| CITY | | | From: _____ To: _____ | |
| STATE | ZIP CODE | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Number of Employees You Supervised: |
| STARTING SALARY: | | | ENDING SALARY: | |
| SUPERVISOR'S NAME | | PHONE NUMBER | | E-MAIL ADDRESS |
| DESCRIPTION OF YOUR DUTIES | | | | |
| REASON FOR LEAVING | | | | |
| OTHER COMMENTS | | | | |
| EMPLOYER #3 | | | JOB TITLE | |
| STREET ADDRESS | | | DATES OF EMPLOYMENT (Month/Day/Year) | |
| CITY | | | From: _____ To: _____ | |
| STATE | ZIP CODE | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Number of Employees You Supervised: |
| STARTING SALARY: | | | ENDING SALARY: | |
| SUPERVISOR'S NAME | | PHONE NUMBER | | E-MAIL ADDRESS |
| DESCRIPTION OF YOUR DUTIES | | | | |
| REASON FOR LEAVING | | | | |
| OTHER COMMENTS | | | | |

REFERENCES

Please list references who can comment on your personal qualities in a work environment, for example work supervisors, teachers, mentors, etc. Do not list relatives. **These references may be contacted.**

| | | | |
|---------------------|----------------|---------------------|--|
| REFERENCE #1 | | ADDRESS | |
| TITLE | | PLACE OF EMPLOYMENT | |
| YEARS KNOWN | HOME TELEPHONE | WORK TELEPHONE | |
| RELATION | | EMAIL ADDRESS | |
| REFERENCE #2 | | ADDRESS | |
| TITLE | | PLACE OF EMPLOYMENT | |
| YEARS KNOWN | HOME TELEPHONE | WORK TELEPHONE | |
| RELATION | | EMAIL ADDRESS | |
| REFERENCE #3 | | ADDRESS | |
| TITLE | | PLACE OF EMPLOYMENT | |
| YEARS KNOWN | HOME TELEPHONE | WORK TELEPHONE | |
| RELATION | | EMAIL ADDRESS | |

APPLICANT CERTIFICATION THAT INFORMATION IS ACCURATE AND COMPLETE.

I affirm that the information provided on this application (and accompanying resume and notes, if any) 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 Capital Area District Libraries 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.

Applicant's Signature

Date

Capital Area District Libraries system is an Equal Opportunity Employer. Capital Area District Libraries does not discriminate against any employee or applicant for employment, with respect to hire, tenure, terms, conditions or privileges of employment, or any other matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental handicap or disability.



VOLUNTARY SELF-ID FORM
STATISTICAL EQUAL EMPLOYMENT OPPORTUNITY SURVEY

| | |
|------------------------------------|---|
| Your Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Your race/ethnicity (check one) | <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-racial (having parents of different races) |
| Are you a military veteran? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

THIS INFORMATION WILL ONLY BE USED FOR STATISTICAL PURPOSES, AND WILL NOT BE USED FOR ANY DECISIONS ABOUT EMPLOYMENT.