

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent.

I	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.,	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
<hr/>							
Describe the work you did:							
<hr/>							
<hr/>							
<u>Telephone</u>							

II	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
<hr/>							
Describe the work you did:							
<hr/>							
<hr/>							
<u>Telephone</u>							

III	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
<hr/>							
Describe the work you did:							
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<hr/>							
<u>Telephone</u>							

IV	Name and Address of Company and Type of Business	From Mo. Yr.,	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
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Describe the work you did:							
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<u>Telephone</u>							

I hereby give permission to contact any of the above listed concerning my prior work experience.

Signed _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle last Yr. Comp.	Did you Graduate?	List Dip. or Degree
Elementary	_____		5 6 7 8	___ Yes ___ No	
High	_____		1 2 3 4	___ Yes ___ No	
College	_____		1 2 3 4	___ Yes ___ No	
Other (specify)	_____		1 2 3 4	___ Yes ___ No	

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we telephone you to follow up on this application at home? Yes ___ No ___
 If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___
 If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

Pursuant to Michigan Law: I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand, or other disciplinary action regarding me is divulged to you by present or former employers
 ___ Yes ___ No

Signature of Applicant

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

Any claim or lawsuit relating to my service with The Flat River Community Library, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant