



# CAPITAL AREA DISTRICT LIBRARY EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

(517) 367-6300  
FAX (517) 374-1068  
PO Box 40719  
Lansing, MI 48901-7919

[www.cadl.org](http://www.cadl.org)  
An equal opportunity employer

Full Name: \_\_\_\_\_  
Last First Middle

Job Vacancy Title: \_\_\_\_\_ Location: \_\_\_\_\_

**INSTRUCTION TO APPLICANT:** 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 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 Capital Area District Library Human Resources Office. **CADL only contacts applicants who are being considered for a position. Other applicants will not receive any notice regarding the status of their application. CADL only accepts applications which are submitted in response to an advertised job vacancy.**

## 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

Have you ever been convicted of a felony or misdemeanor? Yes  No

How did you hear about The Capital Area District Library? \_\_\_\_\_

Is anyone related to you employed by The Capital Area District Library?  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)

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES:  
(Include Commercial Driver's License if applicable to position)

LICENSE/CERTIFICATE ISSUED BY	FIELD / TRADE/ SPECIALIZATION	LICENSE OR CERTIFICATE NUMBER	ISSUE DATE	EXPIRATION DATE

## 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"/>
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## OTHER SKILLS/ASSETS

Computer software which you can operate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any other information, knowledge, skills, abilities, interests which add to your qualifications for employment.  
 \_\_\_\_\_  
 \_\_\_\_\_

# 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 may be contacted.

EMPLOYER			JOB TITLE		
STREET ADDRESS			Date of Employment (Month/Day/Year)  From:    To:	Average Hours Per Week:	Number of Employees You Supervised
CITY	STATE	ZIP CODE			
STARTING SALARY:			ENDING SALARY:		
SUPERVISOR'S NAME		PHONE NUMBER		E-MAIL ADDRESS	

DESCRIPTION OF YOUR DUTIES

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Reason for leaving: \_\_\_\_\_

EMPLOYER			JOB TITLE		
STREET ADDRESS			Date of Employment (Month/Day/Year)  From:    To:	Average Hours Per Week:	Number of Employees You Supervised
CITY	STATE	ZIP CODE			
STARTING SALARY			ENDING SALARY		
SUPERVISOR'S NAME		PHONE NUMBER:		E-MAIL ADDRESS:	

DESCRIPTION OF YOUR DUTIES

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Reason for leaving: \_\_\_\_\_

EMPLOYER			JOB TITLE		
STREET ADDRESS			Date of Employment (Month/Day/Year)  From:    To:	Average Hours Per Week:	Number of Employees You Supervised
CITY	STATE	ZIP CODE			
STARTING SALARY			ENDING SALARY		
SUPERVISOR'S NAME		PHONE NUMBER:		E-MAIL ADDRESS:	

DESCRIPTION OF YOUR DUTIES

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Reason for leaving: \_\_\_\_\_

## BUSINESS REFERENCES (Not Relatives)

These references may be contacted

NAME	ADDRESS	
TITLE	PLACE OF EMPLOYMENT	
YEARS KNOWN	HOME TELEPHONE	WORK TELEPHONE
RELATION	E-MAIL ADDRESS	

NAME	ADDRESS	
TITLE	PLACE OF EMPLOYMENT	
YEARS KNOWN	HOME TELEPHONE	WORK TELEPHONE
RELATION	E-MAIL ADDRESS	

NAME	ADDRESS	
TITLE	PLACE OF EMPLOYMENT	
YEARS KNOWN	HOME TELEPHONE	WORK TELEPHONE
RELATION	E-MAIL 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 the Capital Area 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The Capital Area District Library is an Equal Opportunity Employer. The Capital Area District Library 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 EEO SURVEY**  
**PLEASE CHECK (3) APPROPRIATE BOX(S)**

MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
WHITE	<input type="checkbox"/>	BLACK	<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	<input type="checkbox"/>
VETERAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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