CAPITAL AREA DISTRICT LIBRARIES
EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER

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

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		SPEAK	READ	WRITE
_____	☐	☐	☐	_____	☐	☐	☐

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

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

Reason for leaving:

EMPLOYER			JOB TITLE		
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CITY	STATE	ZIP CODE			
STARTING SALARY			ENDING SALARY		
SUPERVISOR'S NAME	PHONE NUMBER:		E-MAIL ADDRESS:		

DESCRIPTION OF YOUR DUTIES

Reason for leaving:

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 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.

Capital Area District LIBRARIES
Your branch, our family tree.

VOLUNTARY SELF-ID FORM
STATISTICAL EEO SURVEY
PLEASE CHECK (3) APPROPRIATE BOX(S)

MALE	☐	FEMALE	☐
CAUCASIAN	☐	AFRICAN-AMERICAN	☐
HISPANIC	☐	ASIAN / PACIFIC ISLANDER	☐
AMERICAN INDIAN / ALASKAN NATIVE	☐	MULTI-RACIAL Having Parents of Different Races	☐
VETERAN YES ☐	NO ☐		

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