



**Brandon Township Public Library**  
**304 South Street**  
**Ortonville MI 48462**

**APPLICATION FOR EMPLOYMENT**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE ATTACH A RESUME AND COVER LETTER**

Last Name		First	MI
Other Last Name		Other first	Other Middle
Street Address		Telephone	
City, State, Zip		Email Address	
Are you legally eligible for employment in the U.S.? <sup>*</sup> <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If related to anyone in our employ or current trustee, state name and relationship to you. _____			

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?
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<sup>\*</sup> The Brandon Township Public Library conforms to the Immigration Reform and Control Act of 1986 that requires you to provide documentation showing your identity and legal authorization to work in the United States once you have been offered employment.

**EMPLOYMENT DESIRED**

Position(s) Applied For: _____	Will you accept part-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
Have you ever worked for another organization similar to the Brandon Township Public Library? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Position: _____	
Reason for Leaving: _____	
_____	
Do you have any special training skills, qualifications, licenses, certifications, or other experiences that relate to the position(s) applied for? _____	
_____	
_____	

## REFERENCES

Please give the names of 3 persons, not related to you, whom you have known for over a year.

NAME	TELEPHONE	ASSOCIATION	YEARS KNOWN

Do you have any commitment to another employer that might affect your employment with us?

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## SIGNATURE (Read Carefully Before Signing)

- I certify that the answers and information given by me in this application are true, correct, and complete without qualification. I understand that the Brandon Township Public Library ("Library") has the right to refuse to hire or immediately discharge me, at any time, if it discovers that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.
- I hereby authorize the Library to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me.
- I authorize the Library to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer, or prospective future employer without notification to me of such disclosure, and I release the Library from any liability in connection with such use or disclosure.
- If I am hired by the Library, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are from time to time changed, with or without notice.
- If I am hired by the Library, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Library can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This at-will employment relationship exists regardless of any other written statements or policies, or any other Library document, or any verbal statements to the contrary. No one except the Library's director can enter into any kind of employment relationship or agreement that is contrary to the above. To be enforceable, any employment relationship or agreement that is contrary to the above must be in writing and personally signed by the Library's director and myself.
- Except when there is a shorter filing period, I agree not to file any action or claim relating to my application for or employment with Brandon Township Public Library more than six (6) months after the date of the challenged action, and **to waive any longer statute of limitations period.**

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

Please return the completed application to: **Brandon Township Public Library**  
**Attention: Administration**  
**304 South Street**  
**Ortonville MI 48462**