Summer Internship Application

Thank you for applying to work at the Buchanan District Library!

Please complete this form and return to the library or email to m.paulette@buchananlibrary.com.

Buchanan District Library, 128 E. Front St., Buchanan, MI 49107



PLEASE PRINT:		
Name	Date	
Address		
City	ST	ZIP
Phone:	Email:	
Emergency Contact Person:	Relationship_	
Emergency Contact Telephone number:		
Applicant: I am under 18 years of age I School currently attending Check here if you graduated this semeste	am 18 years of age or over G	irade: GPA:
My availability is (circle all that apply): Monday	Tuesday Wednesday Thu	rsday Friday
Times available:		
Applicant Signature:		_Date
Parent/Guardian: My child has my permission to apply for and wo	rk as an intern at the Buchanan	District Library.
Parent/Guardian's signature:		_Date
Name:		

Please describe yourself in one to two sente	nces.			
Tell us about your work/volunteer experience	ce.			
Why do you want to work as an Intern at the	e Buchanan District Library?			
What are your post-secondary education/career goals?				
Please provide two (non-family) references. You may also include letters of recommendation.				
Name	Name			
Email	Email			
Phone	Phone			

Please answer the following questions. Attach a separate page if necessary.

The Buchanan District Library is an "at will" employer. 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 which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by the Library's director and the employee with the full concurrence of the Board of Trustees.

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.

The Buchanan District Library conducts background checks of all individuals to be hired including criminal, credit, references, and background. An Authorization signed by applicants and employees is a required prerequisite to applying for and/or employment with the Library. The Buchanan District Library complies with the requirements of the Fair Credit Reporting Act.

The Buchanan District Library prohibits discrimination against seeking employment on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

App	licant Signature:	Date:	