

Glen Carbon Centennial Library District
Application for Employment

Personal Information				
Name:	Last:	First:	MI:	
Address:	Street/PO Box:	City:	State:	Zip:
Phone Numbers:	Home:	Cell:	Work Phone:	
E-mail:				
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If employed, can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of a felony in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. <i>(A conviction does not constitute an automatic bar to employment.)</i>				
Are you a current Glen Carbon Centennial Library employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give position:			Do you have relatives working for the Glen Carbon Centennial Library? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently drawing retirement from the State of Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Applying For Position	
Job Title:	
Date Available for work:	Salary Required:

Education				
School	Name/Location	Major Studies	Diploma/Degree Earned	Years Completed
High School				
Associates Degree				
Bachelors Degree				
Masters Degree				
Other (Vocational, Tech, etc.)				
Other (Vocational, Tech, etc.)				
Other related certificates or licenses:				
Do you plan further education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give start date: _____ Type of course/program: _____				

Employment History

List most recent employment first. Account for all periods of time, including military service, volunteer work and unemployment. Resume not accepted in lieu of application.

May we contact the employers listed below? Yes No

If no, indicate by number those you do not wish us to contact:

Did you work for any of the employers listed under a different name? Yes No

If yes, please indicate employer by number and list name:

1	Employer:	Supervisor
	Address:	Phone:
	Job Title:	
	Employed (<i>month/year</i>) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month
	Describe your duties and responsibilities:	
	Reason for leaving:	

2	Employer:	Supervisor
	Address:	Phone:
	Job Title:	
	Employed (<i>month/year</i>) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month
	Describe your duties and responsibilities:	
	Reason for leaving:	

3	Employer:	Supervisor
	Address:	Phone:
	Job Title:	
	Employed (<i>month/year</i>) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month
	Describe your duties and responsibilities:	
	Reason for leaving:	

(If needed, include additional sheets of Employment History. Be sure to provide all information requested in this section).

Special Job-Related Skills and Qualifications

List any computer programs, equipment or office machines related to position you are applying for that you are qualified to operate:

Relate your keyboarding (*typing*) skills: None Beginner Intermediate Highly Proficient

Relate any additional information that more fully conveys your qualifications:

Other than English, list languages spoken and fluency level:

Seminars or other training:

Membership in Professional/Community Organizations

You may exclude those which may disclose race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, disability, mental condition, age or veteran status.

Professional References

Name:	Relationship:	Job Title:	Years Known:
Phone:	Fax:	E-mail:	
Address:			

Name:	Relationship:	Job Title:	Years Known:
Phone:	Fax:	E-mail:	
Address:			

Name:	Relationship:	Job Title:	Years Known:
Phone:	Fax:	E-mail:	
Address:			

Additional Information

Use this space for any comments or information that may be helpful in reviewing your qualifications.

Applicant Read and Sign

I hereby state that the information given by me in this application and other employment documents is true in all respects. I agree that if I am employed, and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers and their agents to release information pertaining to my work record, my work habits and my work performance while in their employ, and to hold such employers and their agents harmless in relation to truthful information so provided. I also authorize the educational institutions, which I have entered on this application, to release information pertaining to my enrollment, GPA and degree(s) obtained.

In making application for employment, I give permission for, and understand that, Mt. Zion District Public Library will make a request for a background check on me.

I understand and agree that any employee handbook or policy manual that I may receive does not constitute an employment contract, but will be merely a gratuitous statement of Mt. Zion District Public Library's current policies which will not assure me of specific treatment in specific situations.

Signed: _____

Date: _____

Print/Type Name: _____