### Parlin-Ingersoll Public Library

# Application for Employment An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or other legally protected status.

(Please Print)							
Position Applied For	•						
NI I AI	T: ( ) 1		M. III N	Datas	· A		
Name: Last Name	First Na	me	Middle Name	Date of	Date of Application:		
Address: Street			City	State Z	ip Code		
Telephone Number(s):	Ноте	Work					
Please indica	ite the time perio	ods in which v	ou are availabi	le and willing	to work:		
Full Time Only Part Ti	•	Part Time Only		<u> </u>			
Any Day of Week	Week Days Only	7	Saturdays	Sunda	ys (12-5 p.m.)		
Any Hour of Day	No evenings		Evenings Only	After school or	ıly		
Is there any time or day to	hat you would not b	oe available to wo	rk for any reasons	? Yes	No		
Please specify:							
If you are under 18 years	of age, can you pro	ovide required pro	of of your eligibil	ity to work? Y	es No		
Are you prevented from l	awfully becoming or immigration				tion Status? No		
Are you currently on "lay	y-off" status and sub	oject to recall?		Yes	No		
Do you have a current dr	iver's license? Ye	es No Can yo	ou travel if job req	uires? Yes	No		
Have you been convicted Conviction will	of a felony within not necessarily disq	•	nt from employme.	Yes nt.	No		
Have you ever filed an ap	oplication with us be	efore?		Yes	No		
Have you ever been empl If so, pleased pro	loyed with us before ovide dates:			Yes	No		
Are you physically or oth If you need any accommo							
How many days of paid of	or unpaid leave did	you take last year	?7	The previous year	?		
Do you feel you can mee	t the attendance req	uirements of this	job? S	pecify:			

#### **Employment Experience**

Please start with your current or most recent job(s). You are encouraged to attach a current resume to provide us with more job experience detail.

Address	<u>Telephone Number</u>
Supervisor/Employer	Employment Dates
?:	
<u>Address</u>	Telephone Number
Supervisor/Employer	Employment Dates
Address	Telephone Number
Supervisor/Employer	Employment Dates
<u>Address</u>	Telephone Number
Supervisor/Employer	Employment Dates
	Supervisor/Employer  Address  Supervisor/Employer  Address  Supervisor/Employer  Address

If you need additional space, please continue on a separate sheet of paper.

## <u>Special Skills and Qualifications:</u> Summarize special job-related skills and qualifications acquired form employment or other experience:

Do you have any experience using a computer? Specify:						
Educational Background:						
School Name & Location:	High School	College/Trade School	<u>GraduateSchool</u>			
Years Completed:	High School 9 10 11 12	College/Trade School 1 2 3 4	GraduateSchool 1 2 3 4			
Circle last year completed at each level, i	f applicable.					
Diploma/Degree Earned: List Name of Degree Earned:	High School	College/Trade School	<u>GraduateSchool</u>			
List Majors/Minors, if applicable:						
Describe any specialized training, apprenticeships, military experience, skills and extracurricular activities, which you feel would especially fit you for work with our organization:						
Describe any honors you have received:						
Describe any nonors you have received.						
State any other information you feel may be helpful to us in considering this application:						
Tiet and medical and business and		-14 Englade acceptance				
List any professional, trade, business or civic activities and offices held. Exclude organizations or activities that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:						
Please provide the name, address and current telephone number of three references who are not related to you, who are not previous supervisors and who can address your work abilities and your character.						
1.)						
2.)						
3.)						

#### **Applicant's Statement:**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading statements made by me on this application may prevent my employment or may be cause for dismissal if hired.

I understand that I am required to abide by all library policies, procedures, rules and regulations made known to me at the time of employment or any other times thereafter and to perform all duties assigned to me to the best of my ability. I understand I must comply with the library's Drug and Alcohol Free Library policy. I further understand that employment, if offered, may require working evenings, Saturdays and Sundays after Noon.

I authorize this Employer to verify my statements and documents supplied, and authorize third parties (including individuals, schools, businesses, law enforcement authorities and government agencies) to disclose any and all requested information to my prospective employer. I agree to release all third parties, as well as this prospective employer and its employees, from any claims arising out of actions taken per these authorizations.

I hereby waive written notice of disclosure of the contents of my personnel file with any former employer, including any disciplinary reports or reference to disciplinary action contained therein, pursuant to Ch. 48, 2007 (3) (a) of the Illinois Revised Statutes; and I hereby authorize this organization to obtain copies of any and all documents contained in personnel files obtained by any former employer.

I further understand that my acceptance of an offer of employment does not create a contractual obligation on the Library to continue to employ me in the future and that I am an employee at will. Unless otherwise defined by applicable law, any employee relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

Signature of Applicant	Date	