Parlin-Ingersoll Public Library
205 W. Chestnut St., Canton, IL 61520-2472 309-647-0328 : 309-647-8117 (Fax)
Board approved: 5-27-2015

Application for Employment An Equal Opportunity Employer

Please type or print clearly.					
Position Applied For:					
Applicant Information	า				
Last Name	First	M.I.	Date of	Application	
Address		City	State	Zip Code)
Phone number (Circle preferred)	Cell	Home	Wo	rk	
E-mail address					
A					
Availability Time periods					
Time perious					
Full Time Only	Part-Time Only	Full Time or Part	-Time	Summer Only	,
Is there any specific time or day th	nat you would not be availa	able to work for any reas	ons?	□Yes	□No
Please specify:		•			
If you are under 18 years of age, of	can you provide required p	proof of your eligibility to	work?	Yes	∐No
Are you prevented from lawfully be	ecoming employed in this	country because of Visa	or Immigration State	us?	
(Proof of citizenship or immigration	n status will be required up	oon employment)		Yes	□No
Are you currently on "lay-off" statu	is and subject to recall?			∐Yes	∐No
Do you have a current driver's lice	ense? LYes LN	No Can you trav	el if job requires?	Yes	∐No
Have you ever been employed wit	th us before?			Yes	□No
If so, please provide dates:					
Are you physically or otherwise un	nable to perform the duties	of the job for which you	are applying?	□Yes	□ _{No}
If you need accommodation to per			are approxime.		

Employment Expe	erience		
Employer	Address	Phone	
Job Title	Supervisor	Employment Dates	
Work Responsibilities/Task			
Reason for Leaving			
May we contact your current	employer? Yes No		
Employer	Address	Phone	
Job Title	Supervisor	Employment Dates	
Work Responsibilities/Task			
Reason for Leaving			
May we contact your current	employer? Yes No		
Employer	Address	Phone	
Job Title	Supervisor	Employment Dates	
Work Responsibilities/Task			
Reason for Leaving			
May we contact your current	employer?		

Education	nal Backgroun	d				
High School	School Name	City	State	Major	Degree/Diploma	
College	School Name	City	State	Major	Degree/Diploma	
Other	School Name	City	State	Major	Degree/Diploma Certificates, etc.	
Please List Any	/ Other Specialized Sk	ills, Training, Award	ds, Honors, Extra	acurricular Activ	rities	
Reference	26					
	e personal or professio	onal references		Relat	ionship	
Company Name (If applicable) Phone E-Mail						E-Mail
Address						
Full Name	Name Relationship					
Company Nam	e (If applicable)			Phon	ne	E-Mail
Address						
Full Name				Relat	ionship	
Company Nam	e (If applicable)			Phon	ne	E-Mail
Address						
Disclaime	er and Signatu	re				
f this application This application hereby authoriz including but no	and other documents a re investigation of all st t limited to contacting r	I understand that fassociated with the atements container eferences and pre-	alse or misleadin application will n d in the application vious supervisors	ig information in ot and does no on for employm is for references	t create an employment ent as may be necessar	y in arriving at an employment decision
Signature of App	licant					Date