**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant Information** |
| Last Name First M.I. Date of Application |
| Address City State Zip Code |
| Phone number (Circle preferred) Cell Home Work |
| E-mail address |

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| **Availability** |
| Time periods  ﻿﻿﻿﻿﻿  □ Full Time Only □ Part-Time Only □ Full Time or Part-Time □ Summer Only |
| Is there any specific time or day that you would not be available to work for any reasons? □Yes □No  Please specify: |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? □Yes □No |
| Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  (Proof of citizenship or immigration status will be required upon employment) □Yes □No |
| Are you currently on “lay-off” status and subject to recall? □Yes □No |
| Do you have a current driver’s license? □Yes □No Can you travel if job requires? □Yes □No |
| Have you ever been employed with us before? □Yes □No  If so, please provide dates: |
| Are you physically or otherwise unable to perform the duties of the job for which you are applying? □Yes □No  If you need accommodation to perform this position, please describe: |
| **Employment Experience** |

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

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

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

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| **Educational Background** |

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| --- | --- | --- | --- | --- | --- | --- |
| High School | School Name | City | State | Major | Degree/Diploma | Dates Attended |
| College | School Name | City | State | Major | Degree/Diploma | Dates Attended |
| Other | School Name | City | State | Major | Degree/Diploma  Certificates, etc. | Dates Attended |

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| Please List Any Other Specialized Skills, Training, Awards, Honors, Extracurricular Activities |

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| **References** |
| *Please list three personal or professional references* |
| **Full Name**  Relationship |
| Company Name (If applicable) Phone E-Mail |
| Address |
| **Full Name** Relationship |
| Company Name (If applicable) Phone E-Mail |
| Address |
| **Full Name** Relationship |
| Company Name (If applicable) Phone E-Mail |
| Address |

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| **Disclaimer and Signature** |

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

This application and other documents associated with the application will not and does not create an employment contract.

I hereby authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision (including but not limited to contacting references and previous supervisors for references).

All applicants selected for an interview or upon a conditional offer of employment will be subject to a criminal background check.

Signature of Applicant Date