

Application for Employment

PERSONAL INFORMATION (PLEASE PRINT)

Name (Last, First, Middle) _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Best Phone Number _____ Alternate Phone Number _____

Email _____

Are you 18 years of age or older? Yes No If you are under 16, are you able to provide a work permit? Yes No

Are you legally eligible for employment in this country? Yes No
Valid documentation of eligibility to work in the United States is required upon employment.

EMPLOYMENT DESIRED

Position(s) _____ Date you can start _____ Salary desired _____

Are you available to work: Full time Part time

Hours you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Do you have any relatives or friends currently working for the Library District or on the Library Board? Yes No

If yes, please indicate name(s) and relation: _____

Learned about the position or referred by: _____ Are you employed now? Yes No

Education	Name and Location of School	Years Attended	Did You Graduate?	Major Areas of Study
High School				
College				
Graduate School				
Other				

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Do you read, write, and speak English? Yes No

Do you speak a language other than English? Yes No

If yes, please indicate which language:

Do you speak this language fluently, good, or fair? Fluently Good Fair

Special Skills:

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

Employer	Job Title		
Address	City	State	Zip Code
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide phone number:		Email	
Work performed			
Date started (MM/YYYY)		Date ended (MM/YYYY)	
Reason for leaving			

Employer	Job Title		
Address	City	State	Zip Code
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide phone number:		Email	
Work performed			
Date started (MM/YYYY)		Date started (MM/YYYY)	
Reason for leaving			

Employer	Job Title		
Address	City	State	Zip Code
Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide phone number:		Email	
Work performed			
Date started (MM/YYYY)		Date started (MM/YYYY)	
Reason for leaving			

ADDITIONAL INFORMATION

Please provide any additional information you feel is helpful as we consider your application:

PROFESSIONAL REFERENCES

Name		Years Acquainted
Phone	Email	
Name		Years Acquainted
Phone	Email	
Name		Years Acquainted
Phone	Email	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all the information submitted by me on this application is true and complete, and I authorize investigation of all statements contained in this application of employment. I understand that if any false information, omissions or misrepresentations are contained in my application or given during an interview will cause my application to be rejected or, if I am employed, my employment may be terminated.

I understand that, if offered employment that I agree to confirm to the Niles-Maine District Library's rules and regulations and I agree that my employment and compensation is "at-will".

I understand that if I am hired I will be required to provide proof of identity and information for compliance with the immigration reform and control act.

Signature _____ Date _____