

Application for Employment

LaSalle Public Library

305 Marquette Street
LaSalle, IL 61301
phone: (815) 223-2341

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE TYPE OR PRINT LEGIBLY)

PERSONAL INFORMATION

| | | | | | |
|---|--|--|-------|--------|--|
| Last Name | | | First | Middle | Date |
| Street Address | | | | | Home Phone () - |
| City, State, Zip | | | | | Business Phone () - |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: month & year _____ | | | | | Social Security Number |
| Position Desired | | | | | Pay Expected |
| Are there any hours, shifts, or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate _____ | | | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what type visa do you hold? _____ | | | | | When will you be available to begin work? |
| Other special training or skills | | | | | |
| How did you learn of our organization? | | | | | |

EDUCATION

| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE ? | DEGREE OR DIPLOMA |
|------------|---------------------------|-----------------|------------------------|--------------------|-------------------|
| College | | | | | |
| High | | | | | |
| Elementary | | | | | |
| Other | | | | | |

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(exclude those which may disclose your race, color, religion or national origin)

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| |

EMPLOYMENT

(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

May we contact your present employer? Yes No If no, please specify reason _____

| | | | | |
|--------------------|------------|----------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone # | | Hourly Rate / Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| | | | | |
|--------------------|------------|----------------------|-------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | | | | |
| Telephone # | | Hourly Rate / Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

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|--------------------|------------|----------------------|-------|----------------|
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| | | From | To | |
| Address | | | | |
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| Address | | | | |
| Telephone # | | Hourly Rate / Salary | | |
| | | Starting | Final | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

ADDITIONAL INFORMATION

This information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

| | |
|---|---|
| If you are 18 years of age, can you provide required proof of your eligibility to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been bonded? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been convicted of a crime in the past ten years, excluding misdemeanor and traffic offenses, which has not been annulled, expunged or sealed by a court? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |

REFERENCES

| | |
|-------------------|---------|
| 1. Name / Address | Phone # |
| 2. Name / Address | Phone # |
| 3. Name / Address | Phone # |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of all statements contained in this application for employment (if applicable) as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment 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. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR LIBRARY USE ONLY

Date Received

Staff Member