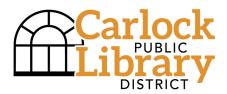
# **Application for Employment**



## **Date of Application**



We are an Equal Opportunity Employer and it is our policy not to discriminate against any applicant because of age, color, sex, disability, national origin, race, religion, or veteran status.

Name		
Address		
Phone	Email	Date of Birth
Driver's License 🗌 No	Yes (#)	
Are you legally eligible to work in the US? Yes No		
Have you ever been convicted of a felony? Yes No		
If selected for employment are you willing to submit to a background check? Yes No		

#### Position

Position you are applying for			Expected pay
Available start date	Minimum	& Maximum week	ly hours you desire
Are you available to work:			
Weekdays 9:00 am to 1:00 pm	Yes	No No	
Weekdays 9:00 am to 2:00 pm	Yes	No	
Weekdays 1:00 pm to 5:00 pm	Yes	No No	
Weekdays 2:00 pm to 7:00 pm	Yes	No	
Saturdays 9:00 am to 1:00 pm	Yes	No	

#### **Educational Background**

School Name	Location	Field of Study	Years Attended	Did You Graduate?

#### **Skills & Training**

Are you skilled and proficient in:

Typing / Keyboarding

- **Customer Service**
- Library automation systems

 $\square$ 

- Languages other than English
- Research

- General office skills  $\Box$
- Microsoft Office and similar apps Organizational skills with an eye
- for detail
- Graphic design

# **Employment History**

Employer (1)	Position	Dates Employed
Employer Address	Reason for Leaving	Starting/Ending Pay Rate
Employer (2)	Position	Dates Employed
Employer Address	Reason for Leaving	Starting/Ending Pay Rate
Employer (3)	Position	Dates Employed
Employer Address	Reason for Leaving	Starting/Ending Pay Rate

## **References (Business and Professional)**

Name	Title	Company	Phone and Email

### Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employement, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	



Please return your completed application to Carlock Public Library District:

- In person: 202 East Washington Street, Carlock, Illinois
- By mail: P.O. Box 39, Carlock, Illinois 61761 or
- By email: carlocklib@yahoo.com