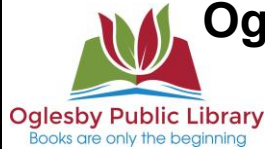


# Application for Employment



## Oglesby Public Library District

111 S. Woodland Ave.  
Oglesby, IL 61348  
(815) 883-3619

**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 Initial	Date
Street Address			Home Phone ( ) -
City, State, Zip			Cell Phone ( ) -
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: month & year _____			Social Security Number or DL 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 _____			Would you be able to swap or substitute shifts on occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? _____			When will you be available to begin work?
Other special training or skills			

### EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
College					
High					
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 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 #				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone #				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone #				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone #				
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:

## 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