

Itasca Community Library
500 W. Irving Park Road
Itasca, IL. 60143



Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Personal Data

Name (last, first, middle)

Date

Address

City

State

Zip Code

Home Phone: ()

Cell Phone: ()

E-mail address:

If employed, can you provide proof of authorization to work in the U.S.?

Yes

No

Position(s) applying for:

Referred by

Ad

Friend

Relative

Agency

Other

Education Record

High School

Address

Did you graduate?

Yes

No

Trade or Technical College

Address

Degrees or Diplomas

Years Attended 1 2 3 4

College/ University

Address

Degrees or Diplomas

Years Attended 1 2 3 4

Graduate School

Address

Degrees or Diplomas

Years Attended 1 2 3 4

Special Skills

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer Dates of Employment

Address

Phone ()

Title/Duties

Manager's Name

Reason for Leaving

2. Employer Dates of Employment

Address

Phone ()

Title/Duties

Manager's Name

Reason for Leaving

3. Employer Dates of Employment

Address

Phone ()

Title/Duties

Manager's Name

Reason for Leaving

Professional References

List three persons **not related to you**, whom you have known professionally for at least one year.

Name	Address	Telephone #	Occupation

Personal Data

Have you been employed here before? Yes No Date: _____

Check all applicable:

- | | | |
|---------------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Clerical | <input type="radio"/> Full Time | <input type="radio"/> Days |
| <input type="radio"/> Librarian | <input type="radio"/> Part Time | <input type="radio"/> Evenings |
| <input type="radio"/> Department Head | | <input type="radio"/> Weekends |
| <input type="radio"/> Other _____ | | <input type="radio"/> Overtime |

Date available: _____

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

May we contact your current employer? Yes No Previous Employer? Yes No

Applicant's Signature

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Signature of Applicant

Date