



Elk Grove Village Public Library

APPLICATION FOR EMPLOYMENT

The Elk Grove Village Public Library considers applications for all positions without regard to race, color, religion, sex, national origin, age, veteran status, or non-job-related handicap.

NAME: _____ **DATE:** _____
(last) (first) (middle)

ADDRESS: _____
(number) (street) (city) (state) (zip code)

PHONE: _____

Position applied for: _____

Available to work: _____ full time _____ part time _____ days _____ evenings _____ weekends

You will need a Social Security Number as a condition of being hired.

If your application is considered favorably, what date will you be available for work with the Library?

Have you ever been employed by the Library before? _____yes _____no

Do you have any relatives employed by the Library? _____yes _____no

If yes, please list names: _____

Are you authorized to work in the United States of America? _____yes _____no

Have you ever been convicted of a felony? _____yes _____no

If yes, please explain: _____

Do you have a physical, mental, or medical impairment that would interfere with your ability to perform the job for which you are applying? _____yes _____no

If yes, please explain: _____

Have you served in any of the U.S. military services? _____yes _____no

If yes, what branch? _____

Briefly describe your duties: _____

What languages do you speak, read, and/or write?

_____ Speak _____Read _____Write; Degree of fluency _____

_____ Speak _____Read _____Write; Degree of fluency _____

What professional organizations or business activities are you involved with, relative to your ability to perform the job for which you are applying? _____

EMPLOYMENT EXPERIENCE

(Please list present or most recent employer first.)

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone #: _____

Address: _____
(number) (street) (city) (state) (zip code)

Position: _____ Supervisor: _____

Dates employed From: _____ To: _____ Start \$ _____ Final \$ _____

Reason for leaving: _____

Description of primary responsibilities: _____



EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION	NO. YEARS COMPLETED	DIPLOMA/ DEGREE	COURSE OF STUDY
ELEMENTARY	_____	_____	_____	_____
JUNIOR HIGH/ HIGH SCHOOL	_____	_____	_____	_____
COLLEGE/ UNIVERSITY	_____	_____	_____	_____
GRADUATE/ PROFESSIONAL	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Please describe any additional academic achievements or extracurricular activities:

ADDITIONAL QUALIFICATIONS

Please identify any additional knowledge, skills, qualifications, publications, or awards that will be helpful to us in considering your application for employment (include special office, technical, and clerical skills):

REFERENCES

Please provide the name, address, and phone number of three additional references, other than present/former employers:

1. _____
2. _____
3. _____



**SPECIAL NOTICE TO VETERANS WITH DISABILITIES,
VIETNAM-ERA VETERANS, AND INDIVIDUALS WITH HANDICAPS**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified veterans with disabilities and veterans of the Vietnam Era; and Section 503 of the Rehabilitation Act of 1973, as amended, which requires that they take affirmative action to employ and advance in employment qualified individuals with handicaps.

If you consider yourself to be covered by one or both of these acts, and wish to be identified for the purpose of proper placement and appropriate accommodation, please sign below. Submission of this information is voluntary and failure to provide it will not jeopardize employment opportunities at the Elk Grove Village Public Library. This information will be kept confidential.

Individual with a handicap Veteran with a disability Vietnam-era veteran

Signed _____

AGREEMENT

I certify that the statements made in this application are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize the Elk Grove Village Public Library to conduct a reference check so that a hiring decision may be made. In the event that the Library is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

You may You may not contact my present employer.

You may You may not contact the schools I have attended for the release of my educational records.

If accepted for employment with the Elk Grove Village Public Library, I agree to abide by all of its policies and procedures.

I understand that this application is not intended to be a contract of employment.

Signature of Applicant

Date



Elk Grove Village Public Library