



# EMPLOYMENT APPLICATION

DATE \_\_\_\_\_

All applicants will be considered without regard to race, gender, national origin, age, religion, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

**PERSONAL INFORMATION** (Please Print)

\_\_\_\_\_

Last Name                      First Name                      Preferred Name                      Pronouns

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip Code

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If employed, can you provide proof of authorization to work in the U.S.?      Yes              No

**POSITION APPLYING FOR:** \_\_\_\_\_ **SALARY DESIRED:** \_\_\_\_\_

**LOCATION:**              **Main**              **North Hoffman Branch**              **Rand Road Branch**

**DATE YOU CAN START:** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when and in what position? \_\_\_\_\_

Have you ever submitted an application with us before? If yes, give date(s) \_\_\_\_\_

Are you related to anyone currently employed by the Library District? \_\_\_\_\_ If yes, give name and relationship: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

<b>EDUCATION</b>	Name of School City, State	Years Completed	Did You Graduate?	Degree, Major or Certificate
HIGH SCHOOL				
COLLEGE				
GRADUATE				
TECHNICAL / OTHER				

Summarize any special skills, qualifications or subjects of special study you acquired that may be applicable to the job you are applying for:

**EMPLOYMENT HISTORY****Please start with your present or last job.**

Company Name and Address	Job Title and Department	Dates Employed
		From                      To
Phone Number	Supervisor's Name	May we contact Yes                      No

Specific Duties:

Reason For Leaving:

Company Name and Address	Job Title and Department	Dates Employed
		From                      To
Phone Number	Supervisor's Name	May we contact Yes                      No

Specific Duties:

Reason for Leaving:

Company Name and Address	Job Title and Department	Dates Employed
		From                      To
Phone Number	Supervisor's Name	May we contact Yes                      No

Specific Duties:

Reason for Leaving:

I hereby authorize Palatine Public Library to obtain information from my former employers and will hold the Library harmless with respect to such information. I understand that any deliberate misstatement of fact or omission from this application can, in the event that I am hired, subject me to immediate dismissal, regardless of when 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. I understand that I will be required to submit to a criminal background check as a condition of my employment.

In the event that I am hired, I agree to comply to the rules and regulations of the Library. I understand that any employment can be terminated, with or without cause, and with or without notice, at any time, at the options of either the Library or myself. I understand this application does not constitute an employment contract of any kind.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date