

LINCOLN PUBLIC LIBRARY DISTRICT CONFIDENTIAL APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

FOR OFFICE USE ONLY
Hired:
Department:
Starting Date:
Salary\$:

IDENTIFYING INFORMATION

Date _____

Name (in full) _____

Address (in full) _____

Phone _____ Email _____

Position applied for _____

Are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Are you a veteran of the U.S. Armed forces? Yes No

EDUCATION

(Please record your education below)

	Name of school/Location.	Did you Graduate?
High School	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate/Professional	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYMENT

(Give in chronological order beginning with the most recent position.)

	Present or last employer	Previously employed by	Previously employed by
Organization Name	_____	_____	_____
Address	_____	_____	_____
Supervisor's Name	_____	_____	_____
Nature of Business	_____	_____	_____
Start Date	_____	_____	_____
End Date	_____	_____	_____
Position(s) held	_____	_____	_____
Ending salary	_____	_____	_____
Reason for leaving	_____	_____	_____

PERSONAL REFERENCES

(Please give the names, addresses, and phone numbers of three persons to whom you are not related and by whom you have not been employed.)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Who recommended you to us? (Person or agency)

Summarize work skills, computer skills, and qualifications acquired from employment or other experience.

Are you employed now? _____ Can we question your present employer? _____

Have you ever worked for the Lincoln Public Library District before? Yes No

If "yes", when? _____

List any friends or relatives working for or connected with the Library:

List any outside interests (clubs, hobbies, sports, community activities, etc.):

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand the following:

False or misleading information given in my application or interview(s) may result in discharge.

I am required to abide by all rules and regulations of the Library.

Employees of the Lincoln Public Library District must reside within Logan County, Illinois.

The state of Illinois is an "employment at-will" state. The Lincoln Public Library District is an "employment at-will" employer.

Signature of applicant _____ Date _____