



## EMPLOYMENT APPLICATION

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>CITY/STATE/ZIP:</b>
<b>EMAIL:</b>	<b>PHONE NUMBER:</b>

**Referral Source** (please check the appropriate category and name the source):

www.FRVPLD.info     RAILS listing     Employee referral     Other \_\_\_\_\_

**Section One** (Personal Information related to the Position):

Position applied for: \_\_\_\_\_

Please list any other name under which you have been employed: \_\_\_\_\_

Do you currently have any immediate family members who work for our Library or as a Library Trustee?     Yes     No

If you answered yes to the above question, please list name(s): \_\_\_\_\_

Are you authorized to work in the United States? *Proof of citizenship or immigration status will be required upon employment*     Yes     No

What are your preferred hours? \_\_\_\_\_

Are you willing to work other hours? \_\_\_\_\_

Are you available to work overtime?     Yes     No

What is your work preference?     Full Time     Part Time     Seasonal

If you are under 16 years of age, can you provide required proof of your eligibility to work?     Yes     No

Indicate any languages (other than English) you can speak, read and / or write:			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			



**Section Two (Work History):**

Please give your work history for the past 10 years. Note any gaps in employment. Begin with the most recent employer. Feel free to use additional paper if necessary.

1.	Employer: _____ Address: _____ City/State/Zip: _____ Job Title: _____ Dates Employed: _____ Supervisor's Name and Job Title: _____ Supervisor's Phone Number: _____ May we contact supervisor? (post-offer only) <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Separation: _____
2.	Employer: _____ Address: _____ City/State/Zip: _____ Job Title: _____ Dates Employed: _____ Supervisor's Name and Job Title: _____ Supervisor's Phone Number: _____ May we contact supervisor? (post-offer only) <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Separation: _____
3.	Employer: _____ Address: _____ City/State/Zip: _____ Job Title: _____ Dates Employed: _____ Supervisor's Name and Job Title: _____ Supervisor's Phone Number: _____ May we contact supervisor? (post-offer only) <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Separation: _____



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### Section Three (Education):

Education/Type	Name & City	Coursework Taken	Did you Graduate?	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any special achievements or qualifications (such as training, apprenticeship, skills or activities):

List memberships in any professional organization(s):

Please exclude memberships that may reveal race, religion, age, creed, color, sex, national origin or other segmenting factor

Summarize special job-related skills and qualification acquired from employment or other experience:

State any additional information you feel may be helpful to us in considering your application:



**Section Four (Professional References) Required if we may not contact your current supervisor:**

Name:	
Phone #:	Email:
Name:	
Phone #:	Email:
Name:	
Phone #:	Email:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the functions and physical demands required for the position for which you have applied? A job description is attached.  Yes  No

**Section Five (Verification):**

In completing this application, I verify that everything is true and accurate. Should I be granted a personal interview, I agree that information will be true as well. I understand that any false statements can lead to immediate termination. I understand that this application will only be considered for 60 days from the date I signed the document. Should I want to be considered after this time, I will need to re-apply.

Fox River Valley Public Library District (hereafter referred to as "the Library") has the right to verify any of this information with any former employer, motor vehicle department, personal reference or educational institution. The Library has the right to use outside agencies as it deems necessary to verify this information and/or during the course of an investigation at any time prior to or during my employment.

Should I be offered a job, I agree to comply with all policies of the Library. I understand only the Director has the authority to make or change policies. I understand that the Library is not obligated to provide employment and that I am not required to accept employment. Nothing in this application or in any prior or subsequent oral or written communication is intended to create any contract of employment. I agree to not record any interaction, materials within, or regarding the Library, its employees and/or other interaction to which I may or may not be a party prior to, during or following my employment. Should there ever be litigation between my parties, the Library, and myself I agree to utilize arbitration as a viable and binding alternative resolution.

I am aware that the Library is an equal opportunity employer. The Library does not hire, promote, terminate or make any other employment decisions based on race, religion, age, creed, color, sex, national origin or other segmenting factor. The Library is an at will employer and as such has the right to terminate employment at any time. Should I become employed, I have the same right to terminate my employment at any time.

Applicant Signature

Date