Des Plaines Public Library

1501 Ellinwood Street Des Plaines, IL 60016 Tel: (847) 827-5551 Fax: (847) 827-7974



Employment Application

It is the policy of the Des Plaines Public Library to ensure equal opportunity for all individuals without regard to race, color, religion, sex, age, national origin, marital/veteran status/ disability or any other legally protected status in accordance with the requirements of local, state and federal law. Please complete all required fields or indicate "not applicable (N/A)." Incomplete applications may be subject to rejection.

Personal Information			
Full Name:		Application Date:	
Street Address:		City:	
State:		Zip Code:	
Primary Phone:		Email Address:	
Background Information			
Position applying for:		Date available:	
How were you referred to the Libral of "other", please specify:	ary? □Library Web S	ite □RAILS Web Site □Other	
Are you at least 16 years of age?	□ _{Yes} □ _{No}		
Are you legally eligible for employ	yment in the U.S.?	∕es □ _{No}	
If this position requires a driver's I	icense, do you have a	valid driver's license? $\square_{Yes} \ \square_{No}$	
Were you previously employed by	y the Des Plaines Publ	ic Library? □ Yes □ No	
Department:	From (m/y):	To: (m/y):	
Education			
High School			
School:		City, State:	
Number of years completed:			
Did you graduate? □ Yes □ No		Degree received:	
College/University	20	*	
School:		City, State:	
Course of study:	,	Number of years completed:	
Did you graduate? ☐ Yes ☐ No		Degree received:	

Graduate School School: City, State: Course of study: Number of years completed: Did you graduate? ☐ Yes ☐ No Degree received: Other Qualifications Please list any certifications or licenses: Please summarize any special job-related qualifications, training (including military or apprenticeship), computer skills, language proficiencies, and/or experience which you feel should be considered in reviewing your application: **Employment History** Are you presently employed? ☐ Yes ☐ No If yes, may we contact your current employer? \square Yes \square No List your present or most recent employer first. A resume will not substitute for completion of this portion of the application. **Employer One** Employer: City, State: Telephone: Your title: Supervisor: Supervisor's title: Description of duties: **Employed** From (m/y): To (m/y): Hours per week: Reason for leaving: **Employer Two** Employer: City, State: Telephone: Your title: Supervisor's title: Supervisor: Description of duties: **Employed** To (m/y): From (m/y): Hours per week: Reason for leaving:

Employer Three		
Employer:		City, State:
Telephone:		Your title:
Supervisor:		Supervisor's title:
Description of duties:		
Employed		
From (m/y):	To (m/y):	Hours per week:
Reason for leaving:		manu dj. 14 maj
Please read the following	g carefully before agreeing	below:
understand that falsified s	tatements, misrepresentation	loyment application are true and complete to the best of my knowledge. In or omission of facts, as stated or implied, on this application shall be lication or termination of employment.
		orary is hereby authorized to make inquiries concerning my character, cossible employment. I further understand that such inquiries will include
the Des Plaines Public Li benefits, where such polic	brary and me. I acknowledge by and benefits are not specif	n in an interview in no way constitutes an employment contract between the right of the Des Plaines Public Library to make changes in policy and fied, without notice and I understand that only written conditions as cial will be honored by this organization.
the satisfactory completio conform to all rules and re	n of a drug screen, backgrou egulations of the Des Plaines	y the Library Director, either verbal or written, may be conditional upon and check and physical exam. Should I become employed, I agree to Public Library. I understand that my employment with the Des Plaines terminate my employment at any time and the Des Plaines Public Library.
Do you agree? ☐ Yes ☐	I _{No}	
Signature:		Date: