



APPLICATION FOR EMPLOYMENT

Please return application to:
Carol Stream Public Library, Human Resources, 616 Hiawatha Drive, Carol Stream, IL 60188 Fax: 630-653-6809

INSTRUCTIONS FOR COMPLETING THIS EMPLOYMENT APPLICATION

Thank you for your interest in employment at the Carol Stream Public Library. It is the policy and intent of the Carol Stream Public Library to provide equal opportunity in employment to all persons. This policy applies to all types of full-time, part-time, temporary, and seasonal employment. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment at the Carol Stream Public Library.

Please furnish us with complete information as requested in this application. Do not submit a resume in place of completing any part of this application. If you are an individual with a disability and require assistance or accommodation in filling out this application, please contact the Human Resources Department at (630)653-0755.

Position applied for: _____ Date: _____

PERSONAL BACKGROUND: If a minor, age _____

Last name _____ First name _____ Middle initial _____

Address _____ Telephone number _____

City/State/Zip code _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Have you even been convicted of a crime other than a moving violation? Yes _____ No _____

Applicant is not obligated to disclose sealed or expunged records of conviction or arrest pursuant to section 12 of the Illinois Criminal Identification Act, 20 ILCS 2630/12.

If yes, please explain: _____

EDUCATIONAL DATA:

SCHOOL	NAME & COMPLETE ADDRESS	NO. OF YEARS COMPLETED	DEGREE, MAJOR TYPE OF COURSE
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High School _____

College _____

Other _____

EMPLOYMENT HISTORY:

Please start with your present or most recent employer and provide all the information requested.

Please do not write, "see resume."

May the Carol Stream Public Library contact your current employer?

Yes _____ No _____

(1) Employer _____ Job Title _____

Address _____ Employed from _____ to _____

_____ Starting salary _____ Ending salary _____

Telephone _____ Supervisor's name _____

Duties _____ Reason for leaving _____

(2) Employer _____ Job Title _____

Address _____ Employed from _____ to _____

_____ Starting salary _____ Ending salary _____

Telephone _____ Supervisor's name _____

Duties _____ Reason for leaving _____

(3) Employer _____ Job Title _____

Address _____ Employed from _____ to _____

_____ Starting salary _____ Ending salary _____

Telephone _____ Supervisor's name _____

Duties _____ Reason for leaving _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

PROFESSIONAL REFERENCES

Please list three references that are familiar with your work history and experience.

Name: _____ **Company:** _____

Business relationship: _____ **Years known:** _____

Phone#: _____

Name: _____ **Company:** _____

Business relationship: _____ **Years known:** _____

Phone#: _____

Name: _____ **Company:** _____

Business relationship: _____ **Years known:** _____

Phone#: _____

APPLICANT AGREEMENT: RELEASE AND CERTIFICATION

Please read before signing.

I hereby certify the information provided in this employment application is true, correct, and complete to the best of my knowledge. If hired, any misstatement or omission of fact on this application may result in my termination of employment without notice or benefits, regardless of how or when discovered.

I authorize the investigation of all statements and information contained in this application.

If an employment relationship is established, I understand that employment with the Carol Stream Public Library is for no fixed period of time and if hired, I acknowledge that I have the right to terminate employment with or without advance notice for any reason or no reason at all at anytime, and that the Carol Stream Public Library retains the same right.

I acknowledge that I have read the above statements and hereby grant permission to verify the information supplied on this application for employment and employment related documents I have provided.

Signature: _____ **Date:** _____

Do not write below this line

Interviewed by: _____ **Date:** _____

Hired: ___ yes ___ no

Position: _____

Salary/wage: _____ **Starting date:** _____

Approved: _____ **Date:** _____
Supervisor

Approved: _____ **Date:** _____
Library Director