



Application for Employment

St. Charles Public Library

Received: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applications and Resumes are accepted and considered only when there are available positions posted.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Notice in Library	<input type="checkbox"/> Relative
<input type="checkbox"/> Other (Please specify)	

Last Name	First Name	Middle
Address		City
		State
		Zip Code
Telephone Number(s)		E-mail address - for notification of position status.
()		

Are you currently employed? Yes No State age if under 16 _____

Have you ever filed an application with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

Under the same name? Yes No If No, please give name _____

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____ Are you available: Full-time Part-time

Specify days and hours if part-time _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? (e.g. meetings) Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Applicants are not required to disclose sealed or expunged records)

If Yes, state date, court and offense. _____
(Conviction will not necessarily disqualify an applicant from employment.)

EDUCATION

Name and Location of School	Course of Study	Years Completed	Diploma or Degree
High School			
Undergraduate College			
Graduate/ Professional			
Other (Specify)			

Describe any specialized training, apprenticeship, skills, or extra-curricular activities. (Optional)

Describe any job-related training received in the United States Military.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	Machinery (list)	Other (list)
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Office	_____	_____
<input type="checkbox"/> Cash Register		_____	_____
<input type="checkbox"/> Other Software _____		_____	_____

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

REFERENCES (Not former employers or relatives)

1. _____ (_____) _____
(Name) (Phone #)

(Address)
2. _____ (_____) _____
(Name) (Phone #)

(Address)
3. _____ (_____) _____
(Name) (Phone #)

(Address)

Resume/Letter of Recommendation Attached Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may include any job-related military service assignments and volunteer activities.

1.	<u>Employer</u>	<u>Dates Employed</u>		<u>Hourly Rate/Salary</u>	
		<u>From</u>	<u>To</u>	<u>Starting</u>	<u>Final</u>
	Address	City		State	Zip Code
	Telephone Number(s)	Job Title		Supervisor	
	Work Performed				
	Reason for Leaving	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<u>Employer</u>	<u>Dates Employed</u>		<u>Hourly Rate/Salary</u>	
		<u>From</u>	<u>To</u>	<u>Starting</u>	<u>Final</u>
	Address	City		State	Zip Code
	Telephone Number(s)	Job Title		Supervisor	
	Work Performed				
	Reason for Leaving	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<u>Employer</u>	<u>Dates Employed</u>		<u>Hourly Rate/Salary</u>	
		<u>From</u>	<u>To</u>	<u>Starting</u>	<u>Final</u>
	Address	City		State	Zip Code
	Telephone Number(s)	Job Title		Supervisor	
	Work Performed				
	Reason for Leaving	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pre-Employment Background Screening



6045 N. COTTON HILL RD. SPRINGFIELD, ILLINOIS 62707
(PHONE) 21 7.585.4311 (FAX) 21 7.529.6833



AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment with St. Charles Public Library District
I, _____ authorize the procurement of a pre-employment screening
report and understand that it may contain information about my background, character,
general reputation, mode of living, criminal history, driving record, educational
background, credit history, and job performance.

I understand that, upon written request within a reasonable period of time, I am entitled
to additional information concerning the nature and scope of this pre-employment
screening. I hereby release IDENTI-CHECK, Inc., its officers, agents, employees and
servants from any liability arising from the preparation of this report or pre-employment
screenings relating thereto.

This authorization for release of information includes, but is not limited to, matters of
opinion relating to my character, ability, reputation and past performance. I authorize all
persons, schools, companies, corporations, and law enforcement agencies to release
such information without restriction or qualifications to IDENTI-CHECK, Inc. and any of
its officers, agents, employees and servants. I voluntarily waive all recourse and
release them from liability from complying with this authorization. I authorize that a
photocopy of this release be considered as valid as the original.

Signature _____ **Date** _____

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WWW.IDENTI-CHECK.COM
INFO@IDENTI-CHECK.COM

CANDIDATE INFORMATION

PERSONAL INFORMATION

FULL NAME (PLEASE PRINT LEGIBLY)

LAST FIRST MIDDLE

OTHER NAMES KNOWN BY (MAIDEN, ALIAS, ETC.) _____

SS# _____ DATE OF BIRTH _____

DRIVERS LICENSE #: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

HOW LONG AT THIS ADDRESS? ** _____

(*if less than 7 years, list all other addresses below)

PREVIOUS ADDRESSES

Please list all residences for the past seven years (if the exact address is not known, list the city and state)

STREET _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

RESIDED AT ADDRESS FROM _____ TO _____

LAST/CURRENT EMPLOYER/EDUCATION:

EMPLOYER _____

CITY _____ STATE _____ COUNTY _____ PHONE () _____

POSITION _____ SUPERVISOR _____

BEGINNING DATE _____ ENDING DATE _____

EDUCATION: NAME OF SCHOOL _____

CITY _____ STATE _____ COUNTY _____ PHONE () _____

DEGREE _____ BEGINNING DATE _____ ENDING DATE _____

BEGINNING DATE _____ ENDING DATE _____

APPLICANT'S STATEMENT

I understand that neither this application nor an offer of employment constitutes a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this.

I understand that the Library will thoroughly investigate my work and personal history and verify data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I also understand that any offer of employment will be contingent upon the satisfactory completion of a pre-employment background screening.

This application for employment shall be considered active for a period of time not to exceed 30 days and only in relation to position applied for. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Received by: _____ Date: _____ Arrange Interview Yes No

Follow up correspondence mailed: _____

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____

Department _____

Hourly Rate/Salary _____

Av. Hrs/Wk _____

IMRF Yes No

Approved _____

Director

Date