



## ***APPLICATION FOR EMPLOYMENT***

We welcome you as an applicant for employment with the St. Charles Public Library District. As an equal opportunity employer, our employment practices are in accordance with the laws which prohibit discrimination against qualified individuals on the basis of race, religion, gender, age, disability, national origin, veteran's status, or any other protected status.

Please fill out the application completely. Use the Tab key to advance fields if filling out the digital application. All information will be considered confidential. Please **PRINT**.

TODAY'S DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apartment Number  
\_\_\_\_\_  
City State Zip Code

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell Work/Other

E-Mail: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Are you presently employed:  YES  NO

Full or Part Time: \_\_\_\_\_

Are you available to work any shift (1st, 2nd, 3rd, Rotating):  YES  NO

Days Available: \_\_\_\_\_ Hours Available: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you legally eligible to work in the United States:  YES  NO

If hired, can you provide proof that you are at least 18 years of age:  YES  NO

If no, please explain:





Previous employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Employment: \_\_\_\_\_  
Beginning Date      Ending Date      Job Title

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Summary of duties:

Reason for leaving: \_\_\_\_\_



Previous employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Employment: \_\_\_\_\_  
Beginning Date      Ending Date      Job Title

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Summary of duties:

Reason for leaving: \_\_\_\_\_



**PROFESSIONAL WORK REFERENCES (No personal references please)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or omission of facts is grounds for dismissal.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, or any other oral or written statement, be terminated at any time without previous notice. If you are unable to digitally sign this application, please print, sign and send to us via email, mail, or in person.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_