



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:



EDUCATION AND TRAINING

Have you received a high school diploma or its equivalent? YES NO

Please list your education history below:

Name and Location of School	Major/Minor	Did you Graduate?	Degree Earned	G.P.A.

List any Professional or business activities, offices held, Honors, Scholarships, or certifications you have received:



EMPLOYMENT HISTORY

Start with the **most recent employer first**, list full and part-time jobs:

Last or present 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: _____



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 _____