

Phone: 815.459.1687
Fax: 815.459.9581

(please print)

Date 20

Position Applied For: _____

Name _____

Primary Phone # _____ Alternate Phone # _____

Email Address

Rate of pay expected \$_____per _____

Would you work full-time? _____ Part-time? _____ Summer Only ☐ Yes ☐ No

If Part-time, specify days _____ And hours _____

If employed, can you provide proof of authorization to work in the U.S.? Yes No

If your application is considered favorably, on what date will you be available for work? _____ 20 _____

Are you a high school graduate? _____

Schools attended including high school	Location (state)	Course or Major Studies	Credits Completed		Degree or Certificate
			Sem. Hrs.	Qtr. Hrs.	Type

Other training you have received (e.g. special courses and work training programs). Please estimate for each number of hours of training you received.

EMPLOYMENT HISTORY

Experience: Start with your present or most recent job and work back. Include paid or unpaid, full or part-time, military, summer jobs, etc.

Is it OK if we check with your present supervisor?

☐

Yes

☐

No

(NOTE: We may contact any previous supervisor to verify your descriptions of past duties.) (Space for additional answers on the last page)

Starting Date	Name of employer and job title:	
Ending Date	Hours per Week	Name, title, phone number and email of immediate supervisor:
Reason for leaving:		
Description of duties and responsibilities:		

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SPECIAL QUALIFICATIONS

Describe special qualifications or skills related to the position for which you are applying.

Are you available to work evenings? _____ Are you available to work weekends? _____

Do you have any activities or responsibilities that might prevent you from meeting work schedules or attendance requirements? _____ If yes, give details:

How did you learn of the job opportunity for which you are applying?

REFERENCES

List the names and phone numbers of three persons (not relatives) who would have knowledge of your qualifications for the position(s) for which you are applying, such as supervisors, co-workers, teachers, etc.

1.	_____ Name	_____ Relationship (supervisor, etc)
	_____ Email address	_____ Phone #
2.	_____ Name	_____ Relationship (supervisor, etc)
	_____ Email address	_____ Phone #
3.	_____ Name	_____ Relationship (supervisor, etc)
	_____ Email address	_____ Phone #

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history.

In making this application for employment I also understand that an investigative report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character and general reputation.

Signature of Applicant

The Crystal Lake Public Library is an Equal Opportunity Employer. All employees are employed at will.

NOTE: Applicants selected for an interview will normally be contacted within one month after the application deadline. Applicants not selected for an interview will not be notified.

(Additional answers here)