Centralia Regional Library District Application for Employment

Return completed application to: Centralia Regional Library, 515 E.Broadway, Centralia IL 62801 phone 618-532-5222 fax 618-532-8578 email centralia.lib.il.us

▼ NAME				DATE	
STREET/APT. #		CITY	STATE ZIP C	ODE	
PHONE		E-MAIL			
POSITION FOR WHICH	YOU ARE APPLYING				
				V (5 + 0) (5 + 0) (5 + 0)	
FULL TIME PA	rt time — hours per week:		AVAILABILIT	Y (EARLIEST DATE)	
					-
RECORD OF E	DUCATION AND TRAINING				
GED, trade and	he <u>most recent</u> , list below all vocational schools, correspor egrees which you have receitution.	ndence courses, pr	ivate instru	iction, colleges a	nd universities, and an
DATE OF STUDY	name, type, and address	SUBJECT		DID YOU GRADUATE?	LIST EARNED CERTIFICATES
FROM TO	OF SCHOOL OR INSTRUCTOR	STUDIED		YES NO	OR DEGREES

WORK EXPERIENCE

Beginning with your <u>most recent</u> employment or volunteer work, list your previous work experience. Be sure to include employment which prepared you for the position for which you are now applying.

▼ PLACE OF EMPLOYMENT	TELEPHONE NUMBER OF EMPLO	YER
ADDRESS OF EMPLOYER	DATES EMPLOYED FROM: TO:	
TYPE OF BUSINESS	FULL TIME PART TIME	
JOB TITLE AND DESCRIPTION OF WORK	NAME OF SUPERVISOR	
	REASON FOR LEAVING	
▼ PLACE OF EMPLOYMENT	TELEPHONE NUMBER OF EMPLO	YER
ADDRESS OF EMPLOYER	DATES EMPLOYED FROM: TO:	
TYPE OF BUSINESS	FULL TIME PART TIME	
JOB TITLE AND DESCRIPTION OF WORK	NAME OF SUPERVISOR	
	REASON FOR LEAVING	
▼ PLACE OF EMPLOYMENT	TELEPHONE NUMBER OF EMPLOYER	,
ADDRESS OF EMPLOYER	DATES EMPLOYED FROM:	TO:
TYPE OF BUSINESS	FULL TIME	PART TIME
JOB TITLE AND DESCRIPTION OF WORK	NAME OF SUPERVISOR	
	REASON FOR LEAVING	
■ Use additional sheets for any further information, or attach y	your résumé.	
May we contact your present employer? Yes ☐ No ☐		
Were you previously employed by the library district?	□ No □	
Are you eligible to work in the United States? Yes No		

ACQUIRED SKILLS List below any professional, craft, trade, or office skills and abilities which relate to the position for which you are applying (e.g. filing, typing speed, special vehicle licenses, computer/software). Include years of experience, and ratings.

SKILLS	YEARS/RATING	SKILLS	YEARS/RATING
		2	
	100		

PROFESSIONAL REFERENCES

Please provide at least two employment references.

NAME	COMPANY	PHONE

OPTIONAL: PERSONAL REFERENCES

You may provide one or two personal references, other than current or former employers.

NAME	RELATIONSHIP	PHONE

APPLICANT'S STATEMENT

I do hereby give my consent to my references (professional and personal) to release pertinent information about my qualifications and fitness for the position for which I have applied with Centralia Regional Library District. I hereby certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event that I am offered employment by Centralia Regional Library District, I understand that any false or misleading information given in my application or interview may result in discharge.

I also understand that neither this document nor any offer of employment constitutes an employment contract.

SIGNATURE OF APPLICANT

The Civil Rights Act of 1964 prohibits discrimination in employment practices because of race, color, religion, sex or national origin. P.L. 90-202 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.