



# 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"/> Other (Please specify) _____	<input type="checkbox"/> Notice in Library
	<input type="checkbox"/> Relative

Last Name _____	First Name _____	Middle _____
Address _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____		
(     )		

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	State age if under 16 _____
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date _____
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give date _____
Under the same name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please give name _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>	
On what date would you be available for work? _____	Are you available: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Specify days and hours if part-time _____	
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you travel if a job requires it? (e.g. meetings) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Applicants are not required to disclose sealed or expunged records)</i>	
If Yes, state date, court and offense. _____ <i>(Conviction will not necessarily disqualify an applicant from employment.)</i>	

# 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)

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

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# 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> From _____ To _____	<u>Hourly Rate/Salary</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?    ___ Yes    ___ No	
2.	<u>Employer</u>	<u>Dates Employed</u> From _____ To _____	<u>Hourly Rate/Salary</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?    ___ Yes    ___ No	
3.	<u>Employer</u>	<u>Dates Employed</u> From _____ To _____	<u>Hourly Rate/Salary</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?    ___ Yes    ___ No	

## ADDITIONAL INFORMATION

### Other Qualifications

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

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### 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.

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### 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



**AUTHORIZATION FOR RELEASE OF INFORMATION**

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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 \_\_\_\_\_

# Pre-Employment Background Screening



6045 N. COTTON HILL RD. SPRINGFIELD, ILLINOIS 62707  
(PHONE) 217.585.4311 (FAX) 217.529.6833

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