

APPLICATION FOR EMPLOYMENT

Algonquin Area Public Library District

Prospective employees will receive consideration without discrimination due to race, creed, color, sex, age national origin or handicap.

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Last Name	First	Middle
Street Address		
City, State, Zip		
Home Phone	Business Phone	
Have you ever applied for employment with us?	No	Yes
		Date
Position Desired	Hours Per Week	
Are you legally eligible for employment in the United States?		
Special training/skills (languages, equipment, etc.)		
Are you available evening and weekend hours?	No	Yes
When would you be able to begin work?	Pay expected	
Are you 16 years of age or older?	No	Yes

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETE	DID YOU GRADUATE	DEGREE/ DIPLOMA
College					
High					
Other					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose your race, color, religion or national origin)

I authorize the Algonquin Area Public Library District to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency or government agency to give the Algonquin Area Public Library District any information regarding me. In consideration of the Algonquin Area Public Library District's review of this application, I release the Algonquin Area Public Library District and all providers of information from any liability as a result of furnishing and receiving this information.

Signature _____ Date _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1 Company Name Address Name of Supervisor Job/Title Description	Telephone
	Employed <i>(Month and Year)</i>
	Reason for leaving:

2 Company Name Address Name of Supervisor Job/Title Description	Telephone
	Employed <i>(Month and Year)</i>
	Reason for leaving:

3 Company Name Address Name of Supervisor Job/Title Description	Telephone
	Employed <i>(Month and Year)</i>
	Reason for leaving:

4 Company Name Address Name of Supervisor Job/Title Description	Telephone
	Employed <i>(Month and Year)</i>
	Reason for leaving:

Indicate employers you do **NOT** want us to contact:

Do Not Contact Employer Number(s)

Reason