

# EFFINGHAM PUBLIC LIBRARY

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application \_\_\_\_\_ Position(s) applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk In  Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ cell

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Approximate rate of pay expected: \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before? If yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed here before? If yes, give date \_\_\_\_\_  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you a U.S. citizen or can you establish that you are an authorized worker?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Availability to work:  Full time  Part time  Seasonal

Are you on layoff and subject to recall?  Yes  No

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?  Yes  No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No

If yes, please indicate: \_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held: (Exclude those which indicate race, color, religion, sex or national origin) \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers:

**EDUCATION**

|   | <b>ELEMENTARY</b> | <b>HIGH</b> | <b>COLLEGE/<br/>UNIVERSITY</b> | <b>GRADUATE<br/>PROFESSIONAL</b> |
|---|-------------------|-------------|--------------------------------|----------------------------------|
| School Name   |                   |             |                                |                                  |
| Years Completed (Circle)  | 4 5 6 7 8         | 9 10 11 12  | 1 2 3 4                        | 1 2 3 4                          |
| Diploma/Degree  |                   |             |                                |                                  |
| Describe Course of Study  |                   |             |                                |                                  |
| Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities |                   |             |                                |                                  |
| Honors Received:  |                   |             |                                |                                  |

State any additional information you feel may be helpful to us in considering your employment: \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities.

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

|                    |                    |       |                |
|--------------------|--------------------|-------|----------------|
|                    | DATES EMPLOYED     |       | WORK PERFORMED |
| EMPLOYER           | FROM               | TO    |                |
| ADDRESS            |                    |       |                |
| PHONE              |                    |       |                |
| JOB TITLE          | HOURLY RATE/SALARY |       |                |
|                    | STARTING           | FINAL |                |
| SUPERVISOR         |                    |       |                |
| REASON FOR LEAVING |                    |       |                |

If you need additional space, please continue on a separate sheet of paper.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In consideration of my employment, I agree to conform to the rules and regulations of the Effingham Public Library and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Library or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no elected official, department head, supervisor or representative of management, without full Council approval, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Library. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Library in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Library during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Library will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Library and is exclusively the Library's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Library.

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Applicant Signature

Date

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position Considered \_\_\_\_\_

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Accepted for Employment \_\_\_\_\_

Comments \_\_\_\_\_

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