

Farmington Area Public Library District

411 N. Lightfoot Rd. Farmington, IL 61550 Tel: 309.245.2175 Fax: 309.245.2294

Employment Application

It is the policy of the Farmington Area Public Library District to ensure equal opportunity for all individuals without regard to race, color, religion, sex, age, national origin, marital/veteran status/ disability or any other legally protected status in accordance with the requirements of local, state and federal law. **Please complete all required fields or indicate "not applicable (N/A)."**

Personal Information

Full Name:	Application Date:
Street Address:	City:
State:	Zip Code:
Primary Phone:	Email Address:

Background Information

Position applying for:	Date available:
How were you referred to the Library? <input type="checkbox"/> Advertisement <input type="checkbox"/> Library Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other <i>If "other", please specify:</i>	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you previously employed by the Farmington Public Library? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates Employed: _____	
If hired, will you be able to work evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education**High School**

School Name:	City, State:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	
School:	City, State:
Course of study:	Number of years completed:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received:
Graduate School	
School:	City, State:
Course of study:	Number of years completed:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received:

Other Qualifications

Please summarize any special job-related qualifications, training (including military or apprenticeship), computer skills, language proficiencies, and/or experience which you feel should be considered in reviewing your application:

Employment History

Are you presently employed? Yes No

If yes, may we contact your current employer? Yes No

List your present or most recent employer first. A resume will not substitute for completion of this portion of the application.

Employer One

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Last Salary: _____ Reason for leaving: _____

Employer Two

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Last Salary: _____ Reason for leaving: _____

Employer Three

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Last Salary: _____ Reason for leaving: _____

Please read the following carefully before agreeing below:

I certify all information submitted by me on this application is true and complete, and I understand if any false information, omissions, or misrepresentation are discovered, my application may be rejected; and if I am employed my employment may be terminated at any time. Should I be hired, I agree to conform to all rules and regulations of the Farmington Area Public Library District. I understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice at any time. Also, I understand my employment will be at will and I have the right to terminate my employment at any time and the Farmington Area Public Library District retains the same right.

Do you agree? Yes No

Signature: _____

Date: _____
