

PEORIA PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT
Please type or print clearly. Incomplete or illegible applications will not be processed.

PERSONAL DATA

DATE: _____

 Name (Last, First, Middle)

 Present Address, City, State, and Zip Code

 Telephone Number(s)

 Email address

 Position Applied For

If you have ever been educated or worked under another name, please print that name to enable the library to verify your qualifications: _____

EDUCATION – Highest Grade Completed: High School, GED, Associates, Bachelors, Masters

	Name and Location	Diploma or Degree	Major	Minor	GPA
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College or University		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College or University		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other		YES <input type="checkbox"/> NO <input type="checkbox"/>			

SKILLS

Computer Software Skills? YES NO If so, what programs? _____

Typing/Keyboarding: YES NO WPM _____ (A typing/skills test may be required for employment)

Do you have any experience, training, qualifications or skills which may make you especially suited for this position? YES NO If yes, please explain _____

HEALTH

Employment, if offered, will be contingent upon passing a physical examination provided by the library.

EMPLOYMENT ELIGIBILITY

(If hired, a Form I-9, Employment Eligibility Verification must be completed at the start of employment.)

Are you authorized to work lawfully in the United States? YES NO

Do you have a current driver's license? YES NO Commercial Driver's License? YES NO

AVAILABILITY

Are you able to work any day, including evening, Saturday or Sunday after Noon? YES NO

If no, please explain: _____

MILITARY SERVICE

List any service you wish to have considered: _____

EMPLOYMENT RECORD

Starting with the most recent, list all positions held.

_____ Name of Company	_____ Supervisor	
_____ Address	_____ Telephone Number	
_____ Your title	_____ Date Started	_____ Date Ended
_____ Reason for Leaving		
_____ Your responsibilities		

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_____ Address	_____ Telephone Number	
_____ Your title	_____ Date Started	_____ Date Ended
_____ Reason for Leaving		
_____ Your responsibilities		

_____ Name of Company	_____ Supervisor	
_____ Address	_____ Telephone Number	
_____ Your title	_____ Date Started	_____ Date Ended
_____ Reason for Leaving		
_____ Your responsibilities		

I understand that any false or misleading statements made by me on this application may prevent my employment or may be cause for dismissal if hired.

I further understand that employment, if offered, [1] will be contingent upon my satisfactorily passing a pre-employment physical examination provided by the Library, and [2] may require working evenings, Saturdays and Sundays after noon.

I hereby authorize my former employers and others to give any information they have regarding me or my employment with them and release them and their companies from any liability for damage resulting therefrom.

Date

Signature

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY

_____ Name of Company	_____ Supervisor	
_____ Address	_____ Telephone Number	
_____ Your title	_____ Date Started	_____ Date Ended
_____ Reason for Leaving		
_____ Your responsibilities		

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_____ Address	_____ Telephone Number	
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