

**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: \_\_\_\_\_

**Preferred name:** \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**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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