

Application for Employment | Kaneville Public Library District

2S101 Harter Rd., Kaneville, IL 60144 | (630) 557-2441

Applicant Information								
Full Name:				Date:				
	Last	Firs	t	М.І.				
Address:								
	Street Address			Apartment/Unit #				
	City			State ZIP Code				
Phone:				Email:				
Date of Application:			-	Date Available:				
Days Available:			_	Hours Available:				
Position App								
Where did y about the po								
Are you a cit	tizen of the United States?	YES	NO	$\begin{array}{cc} \text{YES} & \text{NO} \\ \text{If no, are you authorized to work in the U.S.?} & \square & \square \end{array}$				
Have you ever applied to or worked for the YES Kaneville Public Library before?		NO	If yes, when?					
Are you 18 years of age or older?		YES	NO					
Have you ev	ver been convicted of a felony?	YES	NO					
If yes, expla								
offense, the	nature of the offense, including of	any sign	ifican	he grounds of conviction of a criminal offense. The date of the t details that affect the description of the event, and the e to the position(s) applied for may, however, be considered.)				

Do you have any friends, relatives, or			
acquaintances working with the Kaneville	YES	NO	If yes, state their name &
Public Library?			relationship:

Job Skills and Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: the Kaneville Public Library complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training							
High School:		Address:					
	To:		YES	NO	Diploma:		
College:		Address:					
From:	То:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	То:	Did you graduate?	YES	NO	Degree:		
Please list below a	any additional trair	ning or certifications releva	nt to t	he posi	tion for which you are applying:		
		Employmer	nt Hist	ory			
Company:					Phone:		
4 1 1					C		
Job Title:							
Responsibilities:							

From:	То:	Reason for I	Leaving:
May we contact your previous s	supervisor for a reference?	YES	NO

Employment History (ctd)								
Company:				Phone:				
Address:				Supervisor:				
Job Title:								
Responsibiliti	es:							
From:	То:	Reason fo	or Leaving	j				
May we conta	act your previous supervisor for a reference?	YES	NO					
	Refe	rences						
Please list th	ree professional references.							
Name:				Relationship:				
Company:				Phone:				
Name:				Relationship:				
Company:								
Name:				Relationship:				
Company:			<u> </u>					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State, or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information.

I understand that neither this document nor any offer from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Signature:

Date: