

Washington District Library

380 N Wilmor Rd 309.444.2241

Employment Application

It is the policy of Washington District Library 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:
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How were you referred to the Library? Advertisement Library Website Friend Relative Other

If "other", please specify:

Are you at least 18 years of age? Yes No If you answered NO are you at least 16 years of age? Yes No

Are you legally eligible to work in the United States? Yes No

Were you previously employed by Washington District Library? Yes No Dates

Employed: _____

If hired, will you be able to work evenings? Yes No Work Weekends? Yes No

Education

High School

School Name:	City, State:
Number of years completed:	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received:
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 NoIf 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: _____

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: _____

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: _____

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 become employed, I agree to conform to all rules and regulations of Washington District Library. 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 Washington District Library retains the same right.

Do you agree? Yes No

Signature: _____

Date: _____
