



## LISLE LIBRARY DISTRICT APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_

INSTRUCTIONS: Please type or print in ink all information requested on this form. Check (x) in appropriate fields where necessary. If additional details will be of value in answering these questions, use a separate sheet. False or misleading statements will be cause for rejection or dismissal after appointment.

1. \_\_\_\_\_  
Position applied for \_\_\_\_\_ Email address \_\_\_\_\_
2. NAME: \_\_\_\_\_  
Last First Middle Initial Maiden Name
3. HOME ADDRESS: \_\_\_\_\_  
Number Street City State Zip Code

TELEPHONE: \_\_\_\_\_

4. PREVIOUS APPLICATION: Have you previously filed an application with the Lisle Library District?  
Yes? \_\_\_\_\_ No? \_\_\_\_\_ Date of application: \_\_\_\_\_

5. EDUCATION:

Graduate: \_\_\_\_\_  
School Location of school

Course of study Years completed Did you graduate? Degree/Diploma

College: \_\_\_\_\_  
School Location of school

Course of study Years completed Did you graduate? Degree/Diploma

Business/Trade: \_\_\_\_\_  
School Location of school

Course of study Years completed Did you graduate? Degree/Diploma

High School: \_\_\_\_\_  
School Location of school

Course of study Years completed Did you graduate? Degree/Diploma

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6. MEMBERSHIP IN PROFESSIONAL, CIVIC OR VOLUNTEER ORGANIZATIONS: (you may exclude those which could disclose your race, color, religion or national origin)

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7. PERSONAL REFERENCES: List at least three, but do not refer to relatives or former employers.

1.	_____	(____)
	Name	Telephone
2.	_____	(____)
	Name	Telephone
3.	_____	(____)
	Name	Telephone

8. SPECIAL SKILLS OR EQUIPMENT YOU CAN OPERATE:

Computer skills: \_\_\_\_\_

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Typing \_\_\_\_\_ Wpm \_\_\_\_\_ Calculator \_\_\_\_\_ Strokes per minute \_\_\_\_\_

Other: \_\_\_\_\_

9. Can you perform the job function set forth in the job description, without accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. Can you meet the attendance requirements of the position for which you are applying?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If you have a disability and require an accommodation in order to participate in the testing or application process, your request for accommodation must be made when your interview and/or test is being scheduled. Accommodation request must be accompanied by documentation of the need for accommodation.

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12. **EMPLOYMENT:** Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1. \_\_\_\_\_  
Company Name Address

(\_\_\_\_) \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Telephone Employed from Employed to

\_\_\_\_\_  
Name of Supervisor Start \_\_\_\_\_ Last \_\_\_\_\_  
Weekly salary \_\_\_\_\_

\_\_\_\_\_  
State job title and describe your work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reason for leaving

2. \_\_\_\_\_  
Company Name Address

(\_\_\_\_) \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Telephone Employed from Employed to

\_\_\_\_\_  
Name of Supervisor Start \_\_\_\_\_ Last \_\_\_\_\_  
Weekly salary \_\_\_\_\_

\_\_\_\_\_  
State job title and describe your work

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reason for leaving

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3. \_\_\_\_\_  
Company Name Address  
  
(\_\_\_\_) \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Telephone Employed from Employed to  
  
\_\_\_\_\_  
Name of Supervisor Start \_\_\_\_\_ Last \_\_\_\_\_  
Weekly salary  
  
\_\_\_\_\_  
State job title and describe your work  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
Reason for leaving

4. \_\_\_\_\_  
Company Name Address  
  
(\_\_\_\_) \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Telephone Employed from Employed to  
  
\_\_\_\_\_  
Name of Supervisor Start \_\_\_\_\_ Last \_\_\_\_\_  
Weekly salary  
  
\_\_\_\_\_  
State job title and describe your work  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
Reason for leaving

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We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT \_\_\_\_\_

Employer number (s) \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

13. **MILITARY:**

Did you serve in the United States Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", in what branch? \_\_\_\_\_

Described any training received relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature\_\_\_\_\_

Date\_\_\_\_\_

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