



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 previous application: _____

5. **EDUCATION:**

Graduate School: _____
School City/State

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

College: _____
School City/State

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

LISLE LIBRARY DISTRICT APPLICATION FOR EMPLOYMENT

Business/Trade School: _____
School City/State

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

High School: _____
School City/State

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

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

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: _____

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 _____

LISLE LIBRARY DISTRICT APPLICATION FOR EMPLOYMENT

11. **EMPLOYMENT HISTORY:** 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

Job Title/Brief Description of Duties

Reason for leaving

2. _____
Company Name Address

(____) _____ Month ____ Year ____ Month ____ Year ____
Telephone Employed from Employed to

Name of Supervisor Start _____ Last _____
Weekly salary

Job Title/Brief Description of Duties

Reason for leaving

3. _____
Company Name Address

(____) _____ Month ____ Year ____ Month ____ Year ____
Telephone Employed from Employed to

Name of Supervisor Start _____ Last _____
Weekly salary

Job Title/Brief Description of Duties

Reason for leaving

LISLE LIBRARY DISTRICT APPLICATION FOR EMPLOYMENT

4. _____
Company Name Address

(____) _____ Month _____ Year _____ Month _____ Year _____
Telephone Employed from Employed to

Name of Supervisor Start _____ Last _____
Weekly salary

Job Title/Brief Description of Duties

Reason for leaving

Note:

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 _____

12. **MILITARY HISTORY:**

Have you served in the United States Armed Forces? Yes _____ No _____

If "yes", in what branch? _____

Describe 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 _____