



**Ella Johnson Memorial Public Library District**  
 109 S. State Street; PO Box 429, Hampshire, IL 60140  
 Tel: (847) 683-4490 Fax: (847) 683-4493

## Employment Application

It is the policy of the Ella Johnson Memorial Public Library District 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:*

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

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

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Were you previously employed by the Ella Johnson Library District?  Yes  No Dates Employed: \_\_\_\_\_

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

### Education

<b>High School</b>	City, State:
School Name:	Degree received:
Number of years completed:	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received:
<b>College/University</b>	
School:	City, State:
Course of study:	Number of years completed:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received:
<b>Graduate School</b>	
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

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Are you presently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

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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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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 the Ella Johnson Memorial Public Library District. 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 the Ella Johnson Memorial Public Library District retains the same right.

Do you agree?  Yes  No

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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