

applying for: __

Main Library

270 North Grove Avenue Elgin, Illinois 60120

Rakow Branch

2751 W. Bowes Road Elgin, Illinois 60124

South Elgin Branch 127 S. McLean Boulevard South Elgin, Illinois 60177

EMPLOYMENT APPLICATION

847-742-2411 www.gailborden.info

Gail Borden Public Library District provides equal opportunity to all employees and applicants for employment regardless of race, color, religion, age, sex, pregnancy, national origin, citizenship status, ancestry, disability, genetic information, military status, marital status, order of protection status, transgendered status, sexual orientation and other protected categories, in accordance with applicable law. All applicable laws relating to disability discrimination will be strictly followed.

PERSONAL :	INFORMATION		Date			
Name						
La Address		First		Middle		
St	reet	City		State	Zip	
Telephone No	Cell Phone No.					
E-mail Address		_				
Are you legally elig	ible to work in the United S	tates? Yes □ N	o 🗆 (Documentation will be	required upon hire)	
EMPLOYME	ENT DESIRED					
Position Applying 1	For:			Date You Can St	art:	
Are you available?	Full-time □ Part-time	☐ List hours th	at you ar	re <u>available</u> for work: _		
			-			
Location Preferenc	e? Main Library □	Rakow Branch □	Sout	h Elgin Branch □ N	No Preference	
Are you employed	now? Yes □ No □	If yes, may we inq	uire of y	our present employer?	Yes □ No □	
Have you previous	y applied to the Library? Y	es 🗆 No 🗆	V	Vhen?		
How did you hear a	about this position?					
Education	Name & Location of S	School No. of	Years	Did you graduate?	Subjects of Special Study	
High School						
College/University						
Trade/Technical						
Graduate School						
Summarize anv spo	ecial skills, qualifications or	subjects of special	study yo	ou acquired that may be	e applicable to the job vo	

EMPLOYMENT HISTORY: (List below your last three employers, starting with the most current one)

Year (mm/yy) From: To: From: To:	Name & A	Address of Employer Joh		Γitle/Duties		Reason for Leaving	
From:							
To:							
From:							
To:							
Iay we contact your		yer? Yes □ No □					
		RENCES (List three pe			you have l	known at least one year)	
Name		Phone/E-Mail			Business	Years Acquainted	
1.							
2.	+						
·							
3.							
riminal backgrou	ind check. (e to provide o vithdrawal o	n Public Library Distr Criminal background of consent or the require f any offer of employn ployment has been ma	checks are coned information nent. A backs	nducted for n after recei	employe	ees ages 18 years ackground check	
certify that all the incalse information, on my employment may policies, rules and re employment is "at with the Library. I also und thy and all other terrestiction, at any time by	nissions, or mi. be terminated gulations, included in and can be aderstand and ms and condition the Library. It is constitutes	bmitted by me on this appose or at any time. In consider a disconding from time to time a disconding from time to time a disconding from time to time a disconding from the duration and the agree that the duration and the disconding from the disco	overed, my applition of my empliny amendments out cause, and nd schedule of r ay be changed, this document n	lication may le oyment, I ago sor changes to with or witho my hours, my with or witho or any offer o	be rejected ree to conf thereto, ar ut notice, duties and ut cause, d of employi	l and, if I am employed form to the Library's ad I agree that my at any time, by me or I responsibilities and and with or without nent from Gail Borden	