



STAFF USE ONLY
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## GALESBURG-CHARLESTON MEMORIAL DISTRICT LIBRARY EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status without regard to race, color, religion, creed, sex, marital status, national origin, age, or physical or mental disability.

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Wage	
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number / State		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School				Address	
			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		
College				Address	
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		
Other				Address	
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree		

REFERENCES	
<i>Please list two references.</i>	
<b>Full Name</b>	Relationship
Company	Phone
Address	
<b>Full Name</b>	Relationship
Company	Phone
Address	

<b>PREVIOUS EMPLOYMENT – MOST RECENT FIRST</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:



## **APPLICANT STATEMENT**

I affirm the information provided on this application (and accompanying resume and notes, if any) is true and complete. I understand and agree any misrepresentation or false statement on this application shall be considered cause for the rejection of this application or, in the event I become employed, immediate discharge.

I expressly authorize the Library and its representative to contact and obtain information from all references, employers, public agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I authorize all references and sources to release this information without liability for damage incurred in giving it. I waive any written notice of the release of these records that may be required by state or federal law.

I understand that after receiving a conditional job offer, I may be required to successfully complete a drug test. I further agree, if hired, to submit to any future drug and alcohol testing that are justified by business necessity as required by the Library.

I authorize Galesburg-Charleston Memorial District Library to request and obtain such information if I am a candidate for any position.

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

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **BACKGROUND INVESTIGATION AUTHORIZATION** - PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize the obtaining of information about me by the Galesburg-Charleston Memorial District Library or designated search firm, at any time during the hiring process. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company any and all background information requested. Additionally, I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I agree to hold harmless the person or company to whom this request is presented and its agents and employees, from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

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

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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