

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

Date _____

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

Name					
Last		First	Mi	Middle	
Address	Street	City	State	Zip	
Felephone No.			Cell Phone No		
E-mail Addres	S				
Are you legally	y eligible to work in the U	Jnited States? Yes 🗆 No 🗆	(Documentation will b	e required upon hire)	
EMPLOY	MENT DESIRED)			
Position Apply	ring For:		Date You Can S	Start:	
Are you availa	ble? Full-time 🗆 Pa	rt-time 🗆 List hours that you	are <u>available</u> for work:		
Location Prefe	erence? Main Library	Rakow Branch 🗆 So	uth Elgin Branch 🛛	No Preference 🛛	
Are you emplo	yed now? Yes □ No	□ If yes, may we inquire of	your present employer	?Yes 🗆 No 🗆	
Have you prev	iously applied to the Lib	rary? Yes 🗆 No 🗆	When?		
How did you h	ear about this position?				
				Subjects of Sn	

Education	Name & Location of School	No. of Years	Did you graduate?	Subjects of Special Study
High School				
College/University				
Trade/Technical				
Graduate School				

Summarize any special skills, qualifications or subjects of special study you acquired that may be applicable to the job you are applying for: ______

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

Date: Month & Year (mm/yy)	Name & Address of Employer	Job Title/Duties	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			

May we contact your current employer? Yes \Box No \Box

Which of these jobs did you like best and why? _____

PROFESSIONAL REFERENCES (List three persons not related to you, whom you have known at least one year)

Name	Phone/E-Mail	Business	Years Acquainted
1.			
2.			
3.			

Why do you want to work at the Gail Borden Public Library? ______

Employment with Gail Borden Public Library District is contingent on the receipt and evaluation of a criminal background check. Criminal background checks are conducted for employees ages 18 years and older. Failure to provide consent or the required information after receipt of a background check will result in the withdrawal of any offer of employment. A background consent form will be provided once a preliminary offer of employment has been made.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Library's policies, rules and regulations, including from time to time any amendments or changes thereto, and I agree that my employment is "at will" and can be terminated, with or without cause, and with or without notice, at any time, by me or the Library. I also understand and agree that the duration and schedule of my hours, my duties and responsibilities and any and all other terms and conditions of my employment may be changed, with or without cause, and my and all other terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Library. I understand that neither this document nor any offer of employment from Gail Borden Public Library District constitutes an employment contract, unless a specific document to that effect is executed by the Library and myself in writing.

Signature:

Date: