

Crab Orchard Public Library

Job Application

20012 Crab Orchard Rd.
Marion, IL 62959
618-982-2141 www.craborchardlibrary.com

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Library Director.

Personal Information			
Last	First	MI	Email
Street Address	City	ST	Zip
Home Phone			Cell Phone
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are offered a job, do you give authorized personnel permission to run a background check on you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
What position are you applying for?		Have you worked at the library before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	Do you have relatives working at the library? <input type="checkbox"/> Yes <input type="checkbox"/> No Who?
Are you able to perform the essential functions of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date You Can Start:	

Prior Work Experience			
	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
	Name/Location	Last Year Complete	Degree Awarded?	Major or Emphasis
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				
List any applicable special skills, training or proficiencies.				

Personal References			
	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			

I authorize investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature	Date (Month, Day, Year)
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