



# Application for Employment

## Personal Information

Name:	Last:	First:	MI:	
Address:	Street/PO Box:	City:	State:	Zip:
Phone Numbers:	Home:	Cell:	Work:	
Email:				
Are you under 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently drawing retirement from Illinois Municipal Retirement Fund (IMRF)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If Employed, can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Work Specifics

Position Applying For:			Date available to work:				
<b>Hours Available to work:</b>			Salary Expectations:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM:							
PM:							

## Education

School	Name/Location:	Major Studies:	Diploma/Degree Earned:	Years Completed
High School				
Associates Degree				
Bachelor's Degree				
Master's Degree				
Other (vocational, Tec, etc.)				
Other certificates or licenses:				

Do you plan further education?  Yes  No

If yes, please give start date:

Type of course/program:

Relate any additional information that more fully conveys your qualifications:

Seminars or Other training:

## Employment History

List Most Recent Employment First. Account for all periods of time, including military service, volunteer work, and unemployment.

May we contact the employers listed below? Yes  No

If no, indicate by number those you do not wish us to contact:

<b>1</b>	Employer:	Supervisor:
	Address:	Phone:
	Job Title:	Pay per: \$ <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Annual
	Employed (month/year) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month
	Describe your responsibilities:	
	Reason for Leaving:	

<b>2</b>	Employer:	Supervisor:
	Address:	Phone:
	Job Title:	Pay per: \$

Employed (month/year) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour
		<input type="checkbox"/> Month
		<input type="checkbox"/> Week
		<input type="checkbox"/> Annual
Describe your responsibilities:		
Reason for Leaving:		

3	Employer:	Supervisor:	
	Address:	Phone:	
	Job Title:	Pay per: \$ <input type="checkbox"/> Hour	
	Employed (month/year) From: To:	Total hours worked per <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Month
			<input type="checkbox"/> Week
		<input type="checkbox"/> Annual	
Describe your responsibilities:			
Reason for Leaving:			

### Professional References: (not relatives)

1	Name:	Relationship:	Years Known:
	Phone Numbers: <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile	Email:	
2	Name:	Relationship:	Years Known:
	Phone Numbers: <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile	Email:	

### Conditions of Employment Statement

I declare that my answers to the questions are true and give Mattoon Public Library the right to investigate all information given and to secure additional appropriate information if necessary. I authorize my current and former employers to give any information regarding my employment.

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Signature

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Date:

Return completed information to [info@mattoonlibrary.org](mailto:info@mattoonlibrary.org)