



CROWN POINT • WINFIELD

The Crown Point Community Library is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, age, sex, national origin, religion, disability, sexual orientation/identification or any unlawful basis.

Incomplete or illegible applications will be discarded. PLEASE PRINT.

APPLICANT'S NAME (Last)	(First)	(M.I.)	Home Telephone Number
MAILING ADDRSS (Number)	(Street)		Cell Telephone Number
CITY, STATE, ZIP CODE			E-MAIL ADDRESS

POSITION DESIRED	
Available to start on	
Are you applying for full time or part time employment	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>

IF PREVIOUSLY EMPLOYEED BY THE LIBRARY

Where:	When:
Do you have any relatives working for the Crown Point Community Library? If yes, list relationship, name and department.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States? If hired, proof is required.	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the last 10 years, have you been convicted of a felony? If answering yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION				
Name and Location	COURSE OF STUDY	Enrolled in classes now or in future?	Number of years completed?	If you graduated, specify the degree or diploma received
High School/GED				
College or University				
Graduate School (advanced degree)				
Other				

SKILLS

Please check all the computer software programs in which you have experience:

Internet browsers

Microsoft Office Products

Library Software

Other (please specify)

Other special training, skills, certifications or qualifications (foreign language, machine operation, etc.):

OTHER ACTIVITIES

Membership in Professional or Civic Organizations :

Volunteer Service (list organization and type of service volunteered):

WORK EXPERIENCE

Beginning with your current or most recent job, list all previous employers and provide description of duties. If required, attach an additional sheet of paper.

1) NAME OF EMPLOYER

EMPLOYER'S ADDRESS AND PHONE NUMBER

SUPERVISOR'S NAME AND PHONE NUMBER

MAY WE CONTACT Yes

No

JOB TITLE

EMPLOYMENT DATES

From (Month-Year)

HOURS WORKED PER WEEK (Average)

To (Month-Year)

BASIC DUTIES

REASON FOR LEAVING THIS POSITION

2) NAME OF EMPLOYER

EMPLOYER'S ADDRESS AND PHONE NUMBER

SUPERVISOR'S NAME AND PHONE NUMBER

MAY WE CONTACT Yes

No

JOB TITLE

EMPLOYMENT DATES

From (Month-Year)

HOURS PER WEEK (Average)

To (Month-Year)

BASIC DUTIES

REASON FOR LEAVING THIS POSITION

3) NAME OF EMPLOYER	EMPLOYER'S ADDRESS AND PHONE NUMBER
SUPERVISOR'S NAME AND PHONE NUMBER	MAY WE CONTACT Yes <input type="checkbox"/> No <input type="checkbox"/>
JOB TITLE	
EMPLOYMENT DATES From (Month-Year) To (Month-Year)	HOURS PER WEEK (Average)
BASIC DUTIES	
REASON FOR LEAVING	

CERTIFICATION STATEMENT

I certify that the information in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application will be considered cause for dismissal.

- I understand that if hired I must prove that I am legally authorized to work in the United States.
- I authorize the Crown Point Community Library to check employment references and verify education information provided in this employment application and as disclosed in the interview process.
- I understand that all information on this application is subject to verification and I consent to criminal history background checks.
- I understand and agree that, if hired, my employment is "AT-WILL". This means that if I am hired, either the company or I can end the employment relationship at any time and for any reason.

Date:

Signature:

FOR HUMAN RESOURCES USE ONLY
