



Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

127 James Street
Geneva, IL 60134
630-232-0780
www.gpld.org

PERSONAL INFORMATION

Date _____

Name (Last name first): _____	Check Preferred Contact:
Address: _____	Mail
City: _____ State: _____ Zip Code: _____	Home Phone
Home Phone: _____ Mobile Phone: _____	Mobile Phone
E-Mail: _____	E-Mail

EMPLOYMENT DESIRED

Are you 16 years old or older? YES NO	Date available to start: _____
Position: _____	Applying for: Part-time Full-time (check one)
Are you employed: YES NO	
Are you available for the shifts listed on the job posting? YES NO (if applicable)	
Where did you see our opening advertised? _____	
Have you ever applied to the Library before? YES NO	When? _____
If hired, are you able to provide proof of citizenship or authorization to work in the U.S.?	YES NO
Have you ever worked for an IMRF (Illinois Municipal Retirement Fund) employer?	YES NO

EDUCATION HISTORY

Name and location of school	Number of Years Attended	Did you Graduate?	Subjects Studied
High School			
College/University — Undergraduate			
Graduate			
Technical School			

GENERAL INFORMATION

As related to the position applying for, list special qualifications for this job:

EMPLOYMENT EXPERIENCE

Dates Employed	Name and Address of Employer (List last four employers starting with most recent one first)	Phone or E-mail	Ending Salary	Position	Reason for Leaving	May We Contact?

REFERENCES (Former supervisor or if you have no work experience, list character references below)

Supervisor (or Reference)	Employer (if applicable)	E-mail	Phone	Years Known

AUTHORIZATION — *This application is not valid unless signed*

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the library from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the library has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Library Director.

I understand all employment offers may be subject to a background check. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____

INTERNAL USE ONLY:

Application Received Date: _____

Unsolicited

Interview Date: _____