



10 West Cossitt Avenue
 La Grange, IL 60525
 lagrangelibrary.org 708.352.0576

APPLICATION FOR EMPLOYMENT

Date ____ / ____ / ____ Name _____
 (Last) (First) (Middle)

Home Address _____
 (City) (State, Zip)

Telephone _____ E-Mail Address _____

EDUCATION:

	Completed		# Years Completed	Name of School & City	Degree & Major, Year Received
	Yes	No			
High School	<input type="checkbox"/>	<input type="checkbox"/>			
College	<input type="checkbox"/>	<input type="checkbox"/>			
Graduate School	<input type="checkbox"/>	<input type="checkbox"/>			
Additional Coursework	<input type="checkbox"/>	<input type="checkbox"/>			

Type of library work you prefer: _____

Are you interested in part-time or full-time work? _____

Do you have computer experience? Yes No
 Please specify: _____

If employed, can you provide proof of authorization to work in the U.S.?

EMPLOYMENT: List previous employers, starting with the most recent.

BEGAN	ENDED	EMPLOYER CITY, STATE	PHONE	JOB TITLE	SUPERVISOR'S NAME OK TO 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
__/__/__	__/__/__	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES: Please give 3 professional or personal references. (Do not include supervisors already listed above.)

NAME	PHONE	OCCUPATION or PROFESSIONAL RELATIONSHIP
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Why are you seeking employment with the La Grange Public Library?

Have you applied for a job at La Grange Public Library in the last four years? Yes No

If so, indicate job title(s) _____ and date(s) _____

Briefly describe your responsibilities in your most recent employment.

I hereby authorize the La Grange Public Library to obtain information from my former employers and will hold the Library harmless with respect to such information, and I understand that any deliberate misstatement of fact or omission from this application can, in the event that I am hired, subject me to immediate dismissal.

In the event that I am hired, and in consideration of any employment, I agree to conform to the rules and regulations of the Library. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Library or myself. I understand that no employee or agent of the Library is authorized to offer me an employment relationship other than one which is terminable at will.

I understand, if hired, I may be scheduled to work evenings and weekends, including a minimum number of Sundays.

I further understand that, if hired, I will be required to contribute to the Illinois Municipal Retirement Fund (IMRF) if I am regularly scheduled to work a total of 1,000 hours or more per year.

Applicant's Signature

Date