



# TOLONO PUBLIC Library District

Serving Sadorus, Savoy, & Tolono

111. E. Main St. P.O. Box 759 · Tolono, IL 61880

(t): (217) 485-5558 · (f): (217) 485-3088

## Application for Employment EQUAL OPPORTUNITY EMPLOYER

### Personal Information

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

If employed, can you provide proof of authorization to work in the U.S.?  Yes  No

Position(s) applying for: \_\_\_\_\_

Referred by:  Ad  Friend  Relative  Agency  Other

Hours available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

### Education Record

#### High School

Address \_\_\_\_\_

Did you graduate?  Yes  No

#### Trade or Technical Training

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_

#### College/University

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years attended 1 2 3 4

#### Graduate School

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years Attended 1 2 3 4



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## Employment History

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Begin with most recent employer. Attach additional sheet if needed.

1. Employer

Dates of Employment

Address

Phone (     )

Title/Duties

Manager's Name

Reason for Leaving

2. Employer

Dates of Employment

Address

Phone (     )

Title/Duties

Manager's Name

Reason for Leaving

3. Employer

Dates of Employment

Address

Phone (     )

Title/Duties

Manager's Name

Reason for Leaving



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**Special Skills**

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Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

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**References**

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**Personal Data**

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Have you been employed here before?       Yes     No

May we contact your current employer?       Yes     No

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**Applicant's Signature**

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I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

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Signature of Applicant

Date