

APPLICATION FOR EMPLOYMENT



100 Library Lane Stillman Valley, IL 61084
815-645-8611 (p) 815-645-1341 (f) www.juliahull.org

Position Applying For: Julia Hull District Library, Part-Time Library Aide

Name: _____ Date of Application: _____

Address: _____

Telephone: _____ Soc. Sec. # _____

Julia Hull District Library is an equal opportunity employer and does not discriminate in any of its employment practices on the basis of race, color, religion, creed, sex, age, national origin, ancestry, citizenship status, marital status, physical or mental handicap or disability, or unfavorable discharge from military service. This employer hires only individuals authorized to work under the Immigration Reform and Control Act of 1986.

If you need assistance or accommodation in the application or interview process, please contact Joanna Kluever at (815) 645-8611.

Education

School: _____ Diploma/Degree: _____

School: _____ Diploma/Degree: _____

School: _____ Diploma/Degree: _____

Previous Work Experience

Are you currently employed? Yes No

May we contact your employer Yes No

Employer: _____ Address: _____

Telephone: _____ Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

Employer: _____ Address: _____

Telephone: _____ Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

Employer: _____ Address: _____

Telephone: _____ Dates Employed: From _____ To _____

Reason for Leaving: _____

Work Performed: _____

References (Please list individuals familiar with previous employment experiences.)

Name: _____ Phone: _____

Relationship: _____ Phone: _____

Name: _____ Phone: _____

Relationship: _____ Phone: _____

Name: _____ Phone: _____

Relationship: _____ Phone: _____

Have you ever been convicted of, or plead guilty to, a felony criminal charge? _____

Releases/Authorizations:

The Julia Hull District Library is a joint-facility library with the Meridian CUSD 223. As a result, all employees of the library must successfully meet the following hiring conditions: 1) fingerprint-based criminal history records check and check of the Statewide Sex Offender Database and Violent Offender Against Youth Database, 2) Immigration and Naturalization Service Form, and 3) evidence of physical fitness and freedom from communicable disease, including tuberculosis.

* * *

I hereby authorize Meridian Community Unit #223 to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check as required by The Illinois School Code, Section 10-21.9, and agree to execute any forms by said department for such purpose. I understand that Meridian Community Unit #223 may further conduct a check for any indicated reports of child abuse under the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq. Furthermore, I hereby indemnify, save, and hold harmless Meridian Community Unit #223, Ogle County, Illinois, and its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police or Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing the Illinois State Police and Child Abuse Registry background checks.

I understand that employment is on an at-will basis, meaning that it may be terminated, with or without cause, and with or without notice, at any time, at the option of the Executive and/or Governing Board(s). I further understand that any employment or offer of employment is subject to submission of an immigration (I-9) form and completion of a physical examination in compliance with 105 ILCS 5/24-5, and approval of the Executive and/or Governing Board (s).

Your signature: _____ Date: _____

I hereby release the officers, agents, employees and directors of each of my past employers and Julia Hull District Library, its officers, agents and employees, from any and all liability arising from the disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may in the future have concerning such disclosures, regardless of their nature.

Your signature: _____ Date: _____

I hereby certify that the facts set forth in this application for employment are true, accurate and complete. I understand that any misrepresentation or omission of fact made by me on this application shall be sufficient cause for my disqualification for employment or termination of employment. I further understand that this application and associated records are the property of the Julia Hull District Library.

Your signature: _____ Date: _____