Please read carefully and complete by printing in ink. Date of Application: Position Desired: Last Name: _____ First: ____ MI: Street Address: _____ City: _____ State: _____ Zip: ____ Phone: ____ Are you at least 18 years old? If applying for the shelver position, are you 16 years old? Date you can begin: Salary desired: **An Equal Opportunity Employer** The Round Lake Area Library is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Please provide all information requested. Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time. **Employment Record** Starting with present or most recent, list all previous employers. Include self-employment or summer and part time jobs. If more space is needed, please continue on a separate sheet. You may attach a resume, but complete this application as well. Last or Present Employer: Type of Business: Title or Position:

Street Address:

(Continued on next page)

Telephone: ______

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Supervisors name:	May we contact:
Dates worked: From	to
Beginning Salary:	Ending Salary:
Reason for leaving:	
May we contact your present employ	ver? Yes No
Previous Employer:	
Type of Business:	
Title or Position:	
Street Address:	
Telephone:	
Brief description of job duties:	
Supervisors name:	May we contact?
Dates worked: From	to
Beginning Salary:	Ending Salary:
Reason for leaving:	
E	Educational History
High School:	
Location: (City, State)	
	Graduated

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Educational History

Vocational/Business School:	
Location: (City, State)	
Dates Attended:	Graduated
College:	
Location: (City, State)	
Major Course or Subject:	
Dates Attended:	Graduated
Membership in Academic Societies,	Special Honors, etc.:
What other experiences which would	d qualify you for the job.
Ac	dditional Information
Please tell us about your hobbies or	interests:
	age fluently? (If yes what language)
Do you know sign language?	
Can you, at the time of employment,	, submit verification of your legal right to work in the
United States?	
(Continued on next page)	

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Professional/Work References

List two people who are <u>not related</u> to you who have knowledge of your qualifications for the position for which you are applying.

Name:			
Relationship:			
Street Address:			
City:	State:	Zip:	
Phone Number: (include area code):			
Occupation:			
Name:			
Relationship:			
Street Address:			
City:	State:	Zip:	
Phone Number: (include area code):			
Occupation:			
I hereby certify that the answers and of correct and that I understand any misr justification for separation from the lib employment may be contingent upon roof birth and any other pertinent inform continued employment depends upon the continued of the continued employment depends upon the continued employment employment depends upon	epresentation or orary's service, eceipt of an alic nation bearing	or omission of facts on my j if employed. I understand en registration number, ver upon my employment, and	part will be I that my rification
Signature:	Date	:	