



Please mail, fax or email your application to:
 Marshall Public Library ~ 612 Archer Avenue ~ Marshall, IL 62441
 Telephone 217-826-2535 Fax 217-826-5529 www.marshalllibrary.com



APPLICATION FOR EMPLOYMENT

Personal

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

Position Desired? _____ Are you **legally eligible** for employment in the US? Yes No

When will you be available to begin work? _____ Will you work overtime if asked? Yes No

Do you hold a valid driver's license? Yes No Have you ever been convicted of a felony? Yes No

If selected for employment are you willing to submit to a pre-employment drug screening test? Yes No

Education

| | School Name | Location | Years Completed | Degree Received | Major |
|-------|-------------|----------|-----------------|-----------------|-------|
| Col. | | | | | |
| High | | | | | |
| Elem. | | | | | |

Qualifications (May include but are not limited to)

| Qualification Title | Institution/Training provider | Year Completed |
|---------------------|-------------------------------|----------------|
| | | |
| | | |
| | | |

Are you currently undertaking study/training Yes No

Course/program name _____

Full-time Part-time Distance Other

Other Information

Please provide any other information that you identify as being pertinent to this application. (e.g. medical conditions, disabilities, etc) _____

Previous & Current Employment

Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Work Phone: _____ Address: _____

1 Supervisors Name and Title: _____

Job Title and Duties Performed: _____

Reason for Leaving? _____

Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Work Phone: _____ Address: _____

2 Supervisors Name and Title: _____

Job Title and Duties Performed: _____

Reason for Leaving? _____

Employer: _____ Dates Employed: ___ / ___ / ___ to ___ / ___ / ___

Work Phone: _____ Address: _____

3 Supervisors Name and Title: _____

Job Title and Duties Performed: _____

Reason for Leaving? _____

May we contact the employers listed above? Yes No

References

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |
| | | | |

Acknowledgement & Authorization

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Date: _____ Signature: _____