



OAK LAWN PUBLIC LIBRARY
 9427 S. Raymond Avenue
 Oak Lawn, Illinois 60453
 olpl@olpl.org

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

Name _____
 (Last, First, Middle Initial)

Street Address _____ Home Phone No. _____

City, State, Zip _____ Other Phone No. _____

Are you at least 16 years of age? ____ Yes ____ No (If under 16 years of age a work permit is required)

Are you legally entitled to work in the United States? ____ Yes ____ No

If employed, you must be able to furnish proof that you meet State of Illinois minimum work age requirements, that you are legally entitled to work in the United States, and that you have a valid Driver's License, and driver's insurance if the position for which you are hired requires driving.

Do you have any relatives currently working at the Oak Lawn Public Library? ____ Yes ____ No

If so, please provide the name of the individual: _____
 (Our Personnel Policy prohibits the regular employment of relatives in the same department when a supervisory relationship exists.)

Have you been convicted of, pleaded guilty to, or pleaded no contest to a felony within the last five years? ____ Yes ____ No If "Yes," please explain: _____

(Exclude any arrest or conviction that has been sealed or expunged by the court)

Have you been convicted of, pleaded guilty to, or pleaded no contest to an act of dishonesty or breach of trust (such as misdemeanor petty theft, burglary, fraud, writing bad checks, and/or other related crimes) within the last five years?

____ Yes ____ No If "Yes," please explain: _____
 (Conviction of a crime, or pleading guilty or no contest to a criminal charge, will not necessarily disqualify you from employment)

EMPLOYMENT DESIRED

Please select the position(s) you are interested in from the list below. You will be considered only for those positions checked and for which you are qualified.

- Page (book shelve)
- Receptionist
- Library Assistant (clerk)
- Administrative Assistant (office)
- Building Maintenance Assistant
- Computer Technician
- Library Associate (requires Bachelor's Degree)
- Librarian (requires an ALA-accredited Master's Degree in Library Science)
- Other: (specify) _____

What is your desired wage/salary requirement? _____

Do you intend to be a student or hold another job while working here? Yes No If "yes", please explain: _____

If a student, indicate any school activities which may affect your availability to work: _____

Please indicate whether you are interested in full-time, part-time, or substitute employment, and your availability.

- Full-time (37 ½ hours/week)
- Part-time: ____ 20 to 29 hours/week; ____ 8 to 19 hours/week; ____ Substitute (as needed)
- Days and hours available to work: Flexible (available to work any day—daytime, evenings, weekends)
- Limited—indicate days and hours available to work below:

| Day/Time | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | | |
| To | | | | | | | |

How did you learn about employment at our library? Referral (Name: _____)
 Walk-In Library newsletter/web site Newspaper ad Agency College/School Other _____

Have you ever applied to or worked at this library before? Yes No If "yes," please indicate when: _____

Please complete the reverse side of this application form—incomplete or unsigned application forms may not be considered.)

This application for employment shall be considered active for a period of time not to exceed six months. You may renew your availability for employment by completing a new application.

EMPLOYMENT EXPERIENCE Please list below your last three employers, starting with your present or most recent employer.
 You may attach additional relevant employment information on a separate sheet.

| | | | |
|--|------------------|-----------------------------|--|
| Employer's Name: | | Employer's Telephone: | |
| Address: | | E-mail: | |
| | | Supervisor's Name/Title: | |
| Your Job Title: | | Description of your Duties: | |
| Dates Employed (Month/Year): From: To: | Ending Pay Rate: | Reason for Leaving: | |

| | | | |
|--|------------------|-----------------------------|--|
| Employer's Name: | | Employer's Telephone: | |
| Address: | | E-Mail: | |
| | | Supervisor's Name/Title: | |
| Your Job Title: | | Description of your Duties: | |
| Dates Employed (Month/Year): From: To: | Ending Pay Rate: | Reason for Leaving: | |

| | | | |
|--|------------------|-----------------------------|--|
| Employer's Name: | | Employer's Telephone: | |
| Address: | | E-Mail: | |
| | | Supervisor's Name/Title: | |
| Your Job Title: | | Description of your Duties: | |
| Dates Employed (Month/Year): From: To: | Ending Pay Rate: | Reason for Leaving: | |

May we contact your present employer? Yes No
 If you were employed under or have used another name, please provide name(s): _____
 Please explain any periods of unemployment:
 You may be asked to provide a list of references during the interview process.

EDUCATION

| School Attended | Name and Location | Course of Study | Years Completed | Graduated? | Type of Degree Received |
|----------------------------------|-------------------|-----------------|-----------------|---|-------------------------|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business, Trade, Graduate, Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe any other experience, specialized training, or skills you feel we need to know about in considering your application: _____

READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true and complete to be best of my knowledge. I acknowledge and agree that any false statement, misleading answer, omission, concealment, unrequested information, or failure to answer any question fully, completely, and accurately will be grounds for not hiring me or terminating my employment irrespective of when the information is discovered.

I authorize investigation and verification of all statements contained herein. I authorize the references listed above and employers to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same for you.

I acknowledge that if I become employed at the Oak Lawn Public Library my employment is for no definite period, and I will be employed "at will," which means that I will be free to terminate my employment at any time for any reason. Likewise, the Oak Lawn Public Library is free to terminate my employment at any time for any reason except as prohibited by law.

Applicant's Signature _____

Date _____

Rev. 10/13/11

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.