

SILVIS LIBRARY
APPLICATION FOR EMPLOYMENT
806 1st Avenue • Silvis, IL 61282

Instructions: Answer as completely and clearly as possible. If you need additional space, please continue on a separate sheet of paper. A resume may be attached to completed applications. All applicants will receive consideration without regard to race, color, religion, sex, age, national origin, marital status, protected disabilities, or veteran status.

Position _____ Full Time
 Part Time
Salary Desired _____ Date Available _____ Seasonal

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Address _____

Phone _____ Home _____ Alternate (Work, Mobile, etc.) _____

Social Security # _____

Drivers License # _____ State of Issuance _____ Class _____

Are you 18 years of age or older? Yes No

Are you related by blood or marriage to any current Silvis Library employee? Yes No
If yes, please give name(s) and relationship(s): _____

Do you have any activities, commitments or responsibilities that may hinder you from meeting the specific work schedules and attendance required for the position? Yes No
If yes, please explain: _____

Have you ever been dismissed or forced to resign from any position? Yes No
If yes, please explain: _____

Have you ever been convicted of a crime? Yes No
If yes, please explain: _____

In case of an emergency, the person to notify is _____
Name

Address _____ City _____ State _____ Phone Number _____

EDUCATION AND TRAINING

Highest Graduated Grade: _____					<input type="checkbox"/> High School Equivalency Test: Date Passed _____				
Type of School	School Name, City, State			Major Field		Graduate		Degree Type	
						YES	NO		
High School									
College(s)									
Other (Trade, Technical, etc.)									

Special Qualifications Skills, Certifications, etc. _____

EMPLOYMENT EXPERIENCE

List each job held starting with your present or last job. Include military service assignments and volunteer activities. Exclude groups that indicate race, color, religion, national origin, disability, marital status or political affiliation.

Employer	Dates		Work Performed
	From	To	
Would you object if we contact for reference?			
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Phone			Reason for Leaving

Employer	Dates		Work Performed
	From	To	
Would you object if we contact for reference?			
Address			
Job Title	Hourly Rate/Salary		
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Employer	Dates		Work Performed
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Would you object if we contact for reference?			
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Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Phone			Reason for Leaving

(If you need additional space, please continue on a separate sheet of paper)

NOTICE AND AUTHORIZATION

I hereby certify that all statements in this application are true. I understand that if any of the above statements are untrue or if pertinent information is omitted, this application may be rejected, and may cause any appointment to a position to be rescinded or result in immediate discharge, irrespective of the time when the falsehood or omission is discovered and irrespective of the duration of employment. I hereby authorize the Silvis Library to contact any of the employers listed to verify my employment work record..

I realize that it is also necessary for me to pass a pre-employment physical that includes a drug screen. The physical will be paid for by the Silvis Library and will be performed by a physician and/or medical facility designated by the Silvis Library

Date

Signature

AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER
CIVIL SERVICE COMMISSION-CITY OF SILVIS

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

The following information is requested in order to fulfill reporting requirements of the federal government. The data collected will be used solely for research and statistical purposes. It will not be used in the employment decision process. Your cooperation in providing this information is voluntary.

This form will not be made available to interviewers or included in operating office personnel records. It will be kept in a confidential file separate from the employment application. Thank you.

Name _____
Last First Middle Initial

Social Security Number ____ / ____ / _____ Date of Application _____

Position applied for _____

Please check if applicable: I do not choose to provide the following information LI

Please check the following if you choose to provide this information:

Gender Male Female

Race or Ethnic Origin White Asian Black/African American
 Native Hawaiian or Other Pacific Islander American Indian/Alaska Native

Hispanic or Latino

Referral Source Newspaper Ad Employment Referral
 Employment Agency Government Agency
 School/College Walk In
 Job Posting (Location of Posting) _____
 Other (Please Specify) _____

THE SILVIS LIBRARY IS
AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER