



EMPLOYMENT APPLICATION

Equal Opportunity Employer

10331 S. Interlochen Dr., Palos Hills, IL 60465 | (708) 598-8446

PERSONAL INFORMATION

Name: Last First Middle Initial

Address: Street/Apt. # City/State Zip

Phone Number: Have you ever been employed in an IMRF position? Yes No

Email Address: Are you at least 16 years of age? Yes No

POSITION APPLIED FOR AND AVAILABILITY

Position desired: Salary desired:

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

Days and hours available to work: Flexible (available to work any day—daytime, evenings, weekends)
Limited (indicate days and hours you are available to work below)

Table with 8 columns: Day/Time, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday. Rows: From, To.

Were you ever employed by Green Hills Public Library District? Yes No If "yes", when?

Available start date:

MISCELLANEOUS

Are you related to anyone currently employed by the Green Hills Public Library District? Yes No

If yes, give name and relationship:

May we contact your current employer? Yes No

How did you learn about employment at our Library? Referral (Name:)
Walk-in Library Website RAILS Website College/School Other:

SPECIAL SKILLS

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

Blank lines for summarizing special skills or qualifications.

EDUCATION

School	Name	Graduated?	Course of Study
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	

EMPLOYMENT HISTORY (Please start with your present or last job)

Company Name and Address: _____

Phone Number: _____ Supervisor's Name: _____

Job Title/Duties: _____

Dates Employed: _____ Reason for Leaving: _____

Company Name and Address: _____

Phone Number: _____ Supervisor's Name: _____

Job Title/Duties: _____

Dates Employed: _____ Reason for Leaving: _____

Company Name and Address: _____

Phone Number: _____ Supervisor's Name: _____

Job Title/Duties: _____

Dates Employed: _____ Reason for Leaving: _____

I certify that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my termination. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand this application does not constitute an employment contract of any kind. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date