

 **Macomb** Public Library District

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www.macomb.lib.il.us



Member: Alliance Library System • Reaching Across Illinois Library System • Illinois Library Association

APPLICATION FOR EMPLOYMENT

MACOMB PUBLIC LIBRARY DISTRICT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

POSITION DESIRED: LIBRARY ASSISTANT (PLEASE CHECK ALL THAT APPLY)

FULL TIME: _____ PART TIME: _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

LIBRARY HOURS

The library is open Monday through Friday from 9 a.m. to 6 p.m., and Saturday from 9 a.m. to 1 p.m.
What hours are you interested in working? Check time and day.

9am-6pm _____ 9am-1pm _____ 2pm-6pm _____ 4pm-6pm _____

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

SUMMARIZE ANY SPECIALIZED SKILLS, TRAINING, OR QUALIFICATIONS

(typing, computer, filing, etc.)

WORK EXPERIENCE: JOB TITLE, DUTIES

EMPLOYER: _____ NAME, ADDRESS _____

EDUCATION: If a student, list school and year in school.

Have you worked in a library, ___? If yes, explain your duties.

Tell us something about yourself and your interest in working at the Macomb Public Library.

REFERENCES:

NAME	ADDRESS	TELEPHONE
1.		
2.		
3.		

I HEARBY AFFIRM THAT MY ANSWERS TO THE FORGOING QUESTIONS ARE TRUE AND ACCURATE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED IN FOR THIS APPLICATION MAY BE CAUSE FOR REJECTION OF APPLICATION OR WILL BE SUFFICIENT GROUNDS FOR TERMINATION OF MY EMPLOYMENT WITHOUT PRIOR NOTICE AT ANY TIME HEREAFTER. SUCCESSFUL APPLICANT MUST RESIDE WITHIN THE BOUNDARIES OF THE MACOMB PUBLIC LIBRARY DISTRICT. I AUTHORIZE INQUIRY ABOUT MY EMPLOYMENT WITH CURRENT/PREVIOUS EMPLOYERS AS PROVIDED BY THE ILLINOIS PUBLIC ACT 83- 1104, AS AMENDED. I ALSO WILL BE ABLE TO VERIFY EMPLOYMENT ELIGIBILITY IN KEEPING WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (FOR EXAMPLE, VALID DRIVERS LICENSE AND AN ORIGINAL SOCIAL SECURITY CARD). ALL APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, THE PRESENCE OF ANY NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE _____ SIGNATURE _____

THANK YOU for completing this application form and for your interest in employment with Macomb Public Library District.