



Danville Public LIBRARY

Application for Employment

Submit Application to: **Human Resources**
Danville Public Library
319 N. Vermilion Street
Danville, IL 61832

Telephone: (217) 477-5220

FAX: (217) 477-5230

Email: jobs@danvillepubliclibrary.org

Instructions: Please Print or Type. Use check (x) where appropriate. Applicant may attach resume and/or any other supporting documentation in support of this application. Please attach the completed application with any other documents; do not use binder, folder or presentation cover. **Applicant's signature is required on the last page.**

Position Applying for: _____
(Specify Job Title or Type of Work You Are Seeking)

Applicant's Name: _____
First Name Middle Last Name Maiden or Other Last Names

Present Address: _____
& Street Apt/Unit # City State Zip

Telephone: Home: (____) _____ Cell: (____) _____

Email: _____ **Birth date:** _____
Optional

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

It is the policy of the Danville Public Library that all persons are entitled to equal employment opportunities, and therefore, the Library does not discriminate against applicants for employment because of race, religion, color, national origin, ancestry, citizenship status, age, sex, marital status, order of protection status, disability, sexual orientation, pregnancy, military status, or any other legally protected status, providing the applicant meets the qualifications and physical requirements deemed necessary to perform the job.

CITY OF DANVILLE RESIDENCY REQUIREMENTS

City of Danville Codes require that each employee of the Library shall establish his or her principal place of residence within an area of the State of Illinois which does not exceed forty-five (45) miles outside the corporate limits of the City. Each employee of the Library who successfully completes his or her required probationary period of employment shall have a period of six (6) months to establish residency as provided above.

DRUG FREE WORKPLACE POLICY

The Danville Public Library has adopted a Drug Free Workplace Policy which requires all employees to abide by the terms of the policy including, but not limited to, the fact that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in any Library workplace and that actions shall be taken against any employee for violation of this prohibition. This policy specifies actions the Library will take if employees in this classification violate this policy.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you meet the residency requirements noted on Page 1?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand the Library's "Drug Free Workplace" policy summarized on page 1?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you possess a valid Driver's License? If not Illinois, what State?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you presently, or have you ever been, an employee of the city of Danville? If Yes, please explain.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any members of your immediate family who live in the same household that are currently employed by the Danville Public Library? If Yes, please identify:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a crime? If Yes, please explain. <i>Applicant is not obligated to disclose sealed or expunged records of a conviction.</i>

Employment Background: Beginning with current or most recent job, please list your work history, including military service. **Please circle any employers that we may NOT contact.** Note: if you choose to provide a full resume with your application, write "See Enclosed Resume" below – no need to duplicate the information.

1. Employer: _____ Employer Address & Phone: _____

Employed From: _____ To: _____ Job Duties/Job Title: _____

Supervisor: _____ Last Salary: _____ Reason for Leaving: _____

2. Employer: _____ Employer Address & Phone: _____

Employed From: _____ To: _____ Job Duties/Job Title: _____

Supervisor: _____ Last Salary: _____ Reason for Leaving: _____

3. Employer: _____ Employer Address & Phone: _____

Employed From: _____ To: _____ Job Duties/Job Title: _____

Supervisor: _____ Last Salary: _____ Reason for Leaving: _____

EDUCATIONAL BACKGROUND: Complete the following as thoroughly as possible.

Danville Public Library requires a minimum high school diploma or GED and some College experience.

School Or Level	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree
High School	_____ _____ _____		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Junior Community College	_____ _____ _____		1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or School	_____ _____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School	_____ _____ _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any technical training or experience that qualifies you for the position for which you are applying.
(Certifications, Military Service, etc.):

Additional Information: List any additional information you feel important to your application.

Personal and Professional References: Give name, address and telephone number of 3 references who **are not** related to. References should be people who know of your skills and abilities and who can vouch for your character. (i.e. Teachers, clergy, co-workers)

1. Name: _____ Phone: _____
Address: _____ City: _____
In what capacity does this person know you? _____
2. Name: _____ Phone: _____
Address: _____ City: _____
In what capacity does this person know you? _____
3. Name: _____ Phone: _____
Address: _____ City: _____
In what capacity does this person know you? _____

Attention: Read the following statement carefully before signing application. Application must be signed.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employers, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have a right to make a written request within a reasonable amount of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that I may be required to pass a drug-screening examination. I hereby consent to a pre-employment drug screen as a condition of my employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITHOUT CAUSE AND OR ADVANCE NOTICE.

Date: _____

Applicant's Signature _____

Please check to see that you have answered all questions and that your application (including signature) is complete.

Thank you.

Please continue to the following page. Your signature provides permission for the Library to complete required background checks for all Library employees.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
For use by the Danville Public Library

I, _____, do hereby authorize a review and full disclosure of records concerning
(Print Full Name, including Maiden name, if applicable)
myself to the Danville Public Library, Danville, Illinois, including the Business Office and Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent, without reservation, for full and complete disclosure of records of law enforcement agencies, departments of motor vehicles, educational institutions, present and former employers, business and personal references, and any other source required to verify information that I have voluntarily supplied.

I authorize Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. #1-888-670-9564; www.verifiedfirst.com to request background information.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment with the Danville Public Library. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Danville Public Library's agents including the Business Office or Police Department from any and all liability which may be incurred as a result of collecting such information.

I also understand that this authorization to furnish information is executed in consideration of my application for eligibility for appointment to a position with the Danville Public Library.

A photocopy of this release form will be as valid as the original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

(Signature of Applicant – Full Name as printed below)

Print Your Name

Address: _____

City, State, Zip: _____

Date of Birth (optional): _____

Name as it appears on Social Security Card: _____

Social Security Number: _____

Name as it appears on Driver's License: _____

Driver's License Number: _____ State/Date Issued: _____