

Morrison-Talbott Library
 215 Park Street
 Waterloo IL 62298
 618-939-6232 Fax 618-939-4974

DATE OF APPLICATION: _____

APPLICATION FOR EMPLOYMENT

Applications must be completed in full, even when accompanied by a resume. Any misrepresentation or falsification, intentional or unintentional, of information on this application may result in denial of employment or termination.

Morrison-Talbott Library is an Equal Opportunity Employer

PERSONAL

Name: _____ Email Address: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip: _____ Alternate Telephone #: _____

Position Applied For: _____ Starting Salary Desired: _____

Full-time Part-time If Part-time, please specify days & hours available: _____

Referred by: _____

EDUCATION

	Course of Study	Number of Years Completed	Diploma or Degree Received
High School: <i>(Name & Location)</i>			
College: <i>(Name & Location)</i>			
Other: <i>(Military, Professional License, Certification)</i>			

EMPLOYMENT HISTORY

Please list in chronological order beginning with current or most recent position.

Employed (mo/yr) From: To:	Employer:	Address:	Phone #:
Job Title:	Job Duties & Responsibilities:	Reason for Leaving:	
Type of Business:		Supervisor's Name & Job Title:	

May we contact your current employer? Yes No

Employed (mo/yr) From: To:	Employer:	Address:	Phone #:
Job Title:	Job Duties & Responsibilities:	Reason for Leaving:	
Type of Business:		Supervisor's Name & Job Title:	

Employed (mo/yr) From: To:	Employer:	Address:	Phone #:
Job Title:	Job Duties & Responsibilities:	Reason for Leaving:	
Type of Business:		Supervisor's Name & Job Title:	

Employed (mo/yr) From: To:	Employer:	Address:	Phone #:
Job Title:	Job Duties & Responsibilities:	Reason for Leaving:	
Type of Business:		Supervisor's Name & Job Title:	

ADDITIONAL INFORMATION (Please include any additional information including gaps in employment, additional work skills, computer experience, languages spoken, qualifications or training which you believe should be considered in evaluating your qualifications for employment): _____

PERSONAL DATA

1. Are you presently eligible to work in the United States? _____ Yes _____ No
Note: Federal law requires proof of your authorization to work in the United States. If hired, you will be required to provide proof of your identity and employment eligibility within three (3) days of employment.

2. Have you ever been terminated from or resigned in lieu of termination from a job? _____ Yes _____ No
 If yes, please describe the situation: _____

Note: A response of "yes" will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness, and the position for which you are applying.

3. Have you ever previously applied for a position with the Morrison-Talbott Library? _____ Yes _____ No
 If yes, please list what position and when you applied: _____

4. Are any of your relatives employed by the Morrison-Talbott Library?

_____ Yes _____ No

If yes, please list name(s), relationship(s), and department(s) where employed: _____

REFERENCES

Please list the names of three persons not related to you, whom you have known for at least one year.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

CANDIDATE AGREEMENT

Please read each section carefully.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that unless I am an elected official or have entered into a separate contract providing the contrary, if hired, my employment will be at-will in nature, unless governed by an applicable collective bargaining agreement, and may be terminated, with or without cause, at any time by either myself or my employer.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A DRUG SCREEN AND MEDICAL EVALUATION

I understand that I may be required to undergo a pre-employment drug screen and medical exam by the Morrison-Talbott Library's designated health practitioner. I understand that I do not have to participate but that my refusal will result in termination of my employment or revocation of any offer of employment.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

Once deemed qualified for a position and notified of an impending interview, I understand that I may be subject to a background check and hereby authorize the Morrison-Talbott Library to investigate my background, whether the records are of a public, private, criminal, internal or confidential nature, to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, employment records, educational background, military record, motor vehicle record, criminal record and credit history directly or through an investigative or credit agency bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating party. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

Signature: _____ **Date:** _____