

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE \_\_\_\_\_  
SOCIAL SECURITY \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE NUMBER

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes ! No !

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ! No !

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
 REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH AND YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING NON-MOVING TRAFFIC OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? YES ! NO ! \_\_\_\_\_

IF YES PLEASE DESCRIBE IN FULL DETAIL: \_\_\_\_\_

I UNDERSTAND THAT THE POLICY OF THE QUINCY PUBLIC LIBRARY REQUIRES THAT ALL APPLICANTS FOR EMPLOYMENT NOT BE CONVICTED OF CERTAIN SPECIFIED CRIMINAL OFFENSES, AND/OR NOT BE SUBJECT TO ANY PROHIBITION THAT WOULD PREVENT THE PERFORMANCE OF JOB DUTIES FOR THE POSITION BEING SOUGHT. BY SIGNING THIS APPLICATION, I AUTHORIZE THE QUINCY PUBLIC LIBRARY TO FORWARD MY NAME TO THE ILLINOIS STATE POLICE, ILLINOIS SECRETARY OF STATE, AND ADAMS COUNTY CIRCUIT CLERK FOR PURPOSES OF CONDUCTING CRIMINAL HISTORY AND DRIVING RECORD SEARCHES, AND AGREE TO EXECUTE ANY ADDITIONAL FORMS THAT MAY BE REQUIRED BY THESE AGENCIES FOR THAT PURPOSE.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_  
DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_  
REMARKS: \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED: ! YES ! NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
DEPARTMENT HEAD DIRECTOR