

Date \_\_\_\_\_

CITY OF FREEPORT  
**FREEPORT PUBLIC LIBRARY**

APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** Please complete all necessary information. This application will be kept on file for one year. Be sure to sign and date the application.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Expected Pay \_\_\_\_\_

What date would you be available for work? \_\_\_\_\_

Have you ever been employed by the City of Freeport before?    \_\_\_ Yes        \_\_\_ No

Are you legally eligible for employment in the United States?    \_\_\_ Yes        \_\_\_ No

**PREVIOUS EMPLOYMENT:** Begin with the most recent position.

Current or most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending salary: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**QUALIFICATIONS:**

Describe your experience working with the public

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Describe your computer literacy skills

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Are you able to physically lift 25 pounds?      \_\_\_ Yes      \_\_\_ No

**EDUCATION:** Name and location of school.

High School \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

College/University: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Business/Trade: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

**CONTINUING EDUCATION and/or SPECIAL TRAINING or SKILLS:**

List additional information that would be of benefit in the job for which you are applying.

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**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

	<u>Name</u>	<u>Address</u>	<u>Business</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I certify that all the information submitted by me on this application is true and complete. 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.

In consideration of my employment, I agree to conform to the company's rules and regulations, and

I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Freeport Public Library is an equal opportunity employer. We will not discriminate in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.*

Return to:  
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Freeport, IL 60135

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