



## APPLICATION FOR EMPLOYMENT

*Please print in blue or black ink.*

<b>APPLICANT INFORMATION</b>												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Availabl				Position Applied for						Desired Salary		
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the Chicago Heights Public Library or City of Chicago Heights?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you <u>related</u> * to anyone currently working at the Chicago Heights Public Library or City of Chicago Heights?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?							
<p><i>The City of Chicago Heights Code of Ordinances preclude the employment of certain relatives of elected officials, Officers and department heads. Under the Anti-Nepotism Ordinance a "relative" is defined as spouse, parent, grandparent, child, siblings, aunts and uncles whether by bloodline or marriage, and in-laws and step relatives within the same categories.</i></p>												
<b>EDUCATION</b>												
High School						Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College						Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other						Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
<b>REFERENCES</b>												
<p><i>Please list three professional references.</i></p>												
Full Name								Relationship				
Company								Phone	(      )			
Address												
Full Name								Relationship				
Company								Phone	(      )			
Address												
Full Name								Relationship				
Company								Phone	(      )			
Address												

<b>PREVIOUS EMPLOYMENT</b>									
Company					Phone	( )			
Address					Supervisor				
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone	( )			
Address					Supervisor				
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone	( )			
Address					Supervisor				
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company					Phone	( )			
Address					Supervisor				
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<b>MILITARY SERVICE</b>									
Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
<b>DISCLAIMER AND SIGNATURE</b>									
The <b>Chicago Heights Public Library</b> and the City of Chicago Heights welcomes you as an applicant for employment. Your application will be reviewed without regard to race, color, religion, sex, age, national origin or disability. All information contained in or involved with this application will be considered personal and confidential and used only in conjunction with your possible employment with the <b>Chicago Heights Public Library</b> and the City of Chicago Heights. Falsifying any information may be reasons for disqualification or dismissal.									
<b>AUTHORITY FOR RELEASE OF INFORMATION</b>									
I have completed this statement with the knowledge and understanding that any or all items contained herein may be subject to investigation and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited Investigators, Personnel Staffing Specialists, and other authorized employees as designated by the <b>Chicago Heights Public Library</b> and the City of Chicago Heights.									
Signature					Date				