Phone: 815-223-0229 Fax: 815-223-0229 Email: perulibrary@perulibrary.org

Employment Application

It is the policy of the Peru Public Library to ensure equal opportunity for all individuals without regard to race, color, religion, sex, age, national origin, marital/veteran status/ disability or any other legally protected status in accordance with the requirements of local, state and federal law. **Please complete all or indicate "not applicable (N/A)."**

Personal Information	
Full Name:	Application Date:
Street Address:	City:
State:	Zip Code:
Primary Phone:	Email Address:
Background Information	
Position applying for:	Date available:
Are you at least 18 years of age? () Yes() N	lo If you answered NO are you at least 16 years of age? () Yes () No
Are you legally eligible to work in the United Sta	ates? () Yes () No
Were you previously employed by the Peru Publif hired, will you be able to work evenings? () \	
Education	
High School	
Name:	City, State:
Number of years completed:	
Did you graduate? ()Yes () No	Degree received:
College/University	
School:	City, State:
Course of study:	Number of years completed:
Did you graduate? () Yes () No	Degree received:
July you graduate: (/ ! oo (/ ! to	
Graduate School	
School:	City, State:
School: Course of study: Did you graduate? () Yes () No	City, State: Number of years completed: Degree received:

Other Qualifications

Please summarize any special job-related qualifications, training (including military or apprenticeship), computer skills, language proficiencies, and/or experience which you feel should be considered in reviewing your application:

Employment History Are you presently employed? $\square_{\mathsf{Yes}} \ \square_{\mathsf{No}}$ If yes, may we contact your current employer? \square Yes \square No List your present or most recent employer first. A resume will not substitute for completion of this portion of the application. **Employer One** City, State: Employer: Your title: Telephone: Supervisor: Supervisor's title: Description of duties: **Employed** From (m/y): To (m/y): Hours per week: Reason for leaving: **Employer Two** Employer: City, State: Telephone: Your title: Supervisor: Supervisor's title: Description of duties: **Employed** From (m/y): To (m/y): Hours per week: Reason for leaving: **Employer Three** City, State: Employer: Telephone: Your title: Supervisor: Supervisor's title: Description of duties: **Employed** From (m/y): To (m/y): Hours per week: Reason for leaving: Please read the following carefully before agreeing below: I certify all information submitted by me on this application is true and complete, and I understand if any false information, omissions, or misrepresentation are discovered, my application may be rejected; and if I am employed my employment may be terminated at any time. Should I become employed, I agree to conform to all rules and regulations of the Peru Public Library. I 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. Also, I understand my employment will be at will and I have the right to terminate my employment at any time and the Peru Public Library retains the same right. Do you agree? □Yes □No Signature: Date: