Application for Employment EQUAL OPPORTUNITY EMPLOYER



Personal Information

Name:				
Address:				
City:	State: Zip C			
Phone:	Email:			
Position(s) applying for:				
How did you learn about employment at	our Library? Referral:			
□ Walk-in □ Library Website □ RA	AILS Website Other:			
If employed, can you provide proof of a	uthorization to work in the U.S.?	□ Yes □ No		
Have you been employed here before?	□ Yes □ No			
May we contact your current employer?	□ Yes □ No			
Education Record				
High School:				
Address:				
Did you graduate? □ Yes □ No				
College/University:				
Address:				
Degrees or Diplomas:				
Trade/Technical/Graduate/Other:				
Address:				
Degrees or Diplomas:				
Special Skills				

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

Employment History (Begin with your present or most recent employer.)

Employer:	Dates of Employment:
Address:	
Phone:	
Title/Duties:	
Manager's Name:	
Reason for Leaving:	
Employer:	Dates of Employment:
Address:	
Phone:	
Title/Duties:	
Manager's Name:	
Reason for Leaving:	
Employer:	Dates of Employment:
Address:	
Phone:	
Title/Duties:	
Manager's Name:	
Reason for Leaving:	
supplying false information herein shall result in im or termination from employment, regardless of investigation of all statements contained in this ap at an employment decision; and I hereby agree to prior employer in defending against any charge, agency, or in any court of the State or Federal gemployment information. I understand that neith	ue and complete to the best of my knowledge, and that mediate disqualification for consideration for employment when such false information is discovered. I authorize plication for employment as may be necessary in arriving indemnify and hold harmless each and every current or complaint or suit filed with any Federal, State or local government for providing an accurate, factual history of er this document nor any offer of employment from the less a specific document to that effect is executed by the
Signature of Applicant	Date

Professional References

Please include the name and current contact information of references who can speak to your work experience and/or ability. They will only be contacted if you are selected for an interview.

Reference 1			
Name:			
Phone:			Email:
Company:			
Title:			
□ Supervisor	□ Coworker	□ Other:	
Reference 2			
Name:			
Phone:			Email:
Company:			
Title:			
☐ Supervisor	□ Coworker	□ Other:	
Reference 3			
Name:			
Phone:			Email:
Company:			
Title:			
☐ Supervisor	□ Coworker	□ Other:	