

Maywood Public Library District

Application for Employment EQUAL OPPORTUNITY EMPLOYER

Personal Data

Date:

Name (last. first. middle)

Address

City

State

Zip Code

Telephone Number ()

If employed, can you provide proof of authorization to work in the U.S.? Yes No

Position(s) applying for.

Referred by Ad Friend Relative Other

Education Record

High School

Address

Did you graduate? Yes No

Address

Degrees or Diplomas

College/Trade or Technical Training

Address

Years attended 1 2 3 4

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 most recent employer. Attach additional sheet if needed.

1. Employer	Dates of Employment
Address	
Phone ()	
Title/Duties	
Manager's Name	
Reason for Leaving	

2. Employer	Dates of Employment
Address	
Phone ()	
Title/Duties	
Manager's Name	
Reason for Leaving	

Work Availability

Please note the days and times you are available to work.

Applicant's Signature

I certify that all my answers given here are true and complete to the best of my know ledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

Signature of Applicant Date