

## **Woodridge Public Library Application for Employment**

## **EQUAL OPPORTUNITY EMPLOYER**

Updated 3/13/2023

## American with Disabilities Act ("ADA") Information

Any applicant with a disability and requiring reasonable assistance or accommodation to the application and/or interview process should notify the Human Resources Department at (630)487-2552

Position Applied	For	Date of Application				
Personal Data:						
Name (last, first,						
Address						
City		State		Zip Code _		
Contact Phone		Email Address				
If employed, ca	n you provide proof	of authorization	n to work in the U.S.?	Yes	<u>O</u> No <u>O</u>	
Referred by	Job Posting	Friend	Relative	Agency	Other	
Education Reco	rd:					
High School						
<b>.</b>						
Degrees or Diplo	omas			Years	attended	
Trade or Technic	cal Training School					
	di ildiiliig sellooi _					
				Years	attended	
2091003 01 21010					<u> </u>	
Graduate Schoo	ol					
Degrees or Diplo				Years	attended	

Do you speak a language offici in	an English? Yes No
If so, what language(s)?	
Summarize any special skills or of	her qualifications that would be applicable to this position.
Employment History:	
Begin with most recent employer.	Attach additional sheet if needed.
1. Employer	Dates of Employment
Address	
Phone	
Title/Duties	
Supervisor's Name	
Reason for Leaving	
Reason for Leaving  2. Employer	Dates of Employment
Reason for Leaving  2. Employer  Address	Dates of Employment
Reason for Leaving  2. Employer  Address  Phone	Dates of Employment
Reason for Leaving  2. Employer Address Phone Title/Duties	Dates of Employment
Reason for Leaving  2. Employer  Address  Phone  Citle/Duties  Supervisor's Name	Dates of Employment
Reason for Leaving  2. Employer  Address  Phone  Citle/Duties  Supervisor's Name	Dates of Employment
Reason for Leaving  2. Employer  Address  Phone  Fitle/Duties  Supervisor's Name  Reason for Leaving	Dates of Employment
Reason for Leaving  2. Employer Address Phone  Supervisor's Name Reason for Leaving  3. Employer	Dates of Employment  Dates of Employment
Reason for Leaving  2. Employer  Address  Phone  Title/Duties  Supervisor's Name	Dates of Employment  Dates of Employment

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

Refer	References:							
		we can contact, work references preferred. name, relationship, phone number and email address.						
1.								
	Phone:	Email:						
2.								
	Phone:	Email:						
3.								
	Phone:	Email:						
Addit	ional Data							
Have	you been employed here before?	Yes No	0					
Мау	we contact your current employer?	Yes No						
The W	oodridge Public Library conducts c	riminal background checks as a requirement for hiring.						
	cant's Signature:							
suppl or te invest at an prior or or in const	ying false information herein shall re rmination from employment, rego tigation of all statements contained employment decision; and I hereb employer in defending against any c any court of the State or Federal go nation. I understand that neither	ere are true and complete to the best of my knowledgesult in immediate disqualification for consideration for eardless of when such false information is discovered. It is application for employment as may be necessaring agree to indemnify and hold harmless each and ever charge, complaint or suit filed with any Federal, State or lowernment for providing an accurate, factual history of each document nor any offer of employment from the less a specific document to that effect is executed by the	employmer I authoriz ry in arriving ry current o cal agency employmer e employe					
Signa	iture of Applicant:	Date:						