



## Woodridge Public Library Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Updated 9-12-2019

### 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

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Name (last, first, middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Referred by Job Posting \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Agency \_\_\_\_\_ Other \_\_\_\_\_

### Education Record

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High School \_\_\_\_\_

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

College/University \_\_\_\_\_

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

Trade or Technical Training School \_\_\_\_\_

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

Graduate School \_\_\_\_\_

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_ Years attended \_\_\_\_\_

## Special Skills, Qualifications, or Volunteer Activities

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Do you speak a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what language(s)? \_\_\_\_\_

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

## Employment History

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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 \_\_\_\_\_

**2. Employer** \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Title/Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

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

**3. Employer** \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Title/Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

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

Please provide three references that we can contact, work references preferred. Please include current contacts.

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**Additional Data**

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Have you been employed here before? Yes\_\_\_\_\_ No\_\_\_\_\_

May we contact your current employer? Yes\_\_\_\_\_ No\_\_\_\_\_

**The Woodridge Public Library conducts criminal background checks as a requirement for hiring.**

**Applicant's Signature**

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I certify that all of my answers given here are true and complete to the best of my knowledge, 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.

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Signature of Applicant

Date