

EISENHOWER PUBLIC LIBRARY DISTRICT

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name (last, first, middle):

Date:

Address:

City:

State:

Zip Code:

Home Phone: ()

Cell Phone: ()

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

Agency

Other:

Education Record

High School:

Address:

Did you graduate?

Yes

No

College/University:

Address:

Degree(s):

Years Attended:

Trade or Technical Training:

Address:

Degree(s):

Years Attended:

Graduate School:

Address:

Degree(s):

Years Attended:

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 the most recent employer. Attach additional sheet(s) if needed.

1. Employer:	Dates Employed:	–
Address:		
City:	State:	Zip Code:
Phone: ()	Manager's Name:	
Title:	Ending Salary:	
Duties:		
Reason for Leaving:		
May we contact this employer?	Yes	No

2. Employer:	Dates Employed:	–
Address:		
City:	State:	Zip Code:
Phone: ()	Manager's Name:	
Title:	Ending Salary:	
Duties:		
Reason for Leaving:		
May we contact this employer?	Yes	No

3. Employer:	Dates Employed:	–
Address:		
City:	State:	Zip Code:
Phone: ()	Manager's Name:	
Title:	Ending Salary:	
Duties:		
Reason for Leaving:		
May we contact this employer?	Yes	No

Personal Data

Have you been convicted of a felony in the last seven years? (A conviction will not necessarily bar you from employment. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.)

Yes No

Explain:

Have you been employed here before? Yes No

If yes, when?

Applicant's Signature

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.

Signature of Applicant

Date