

Employment Application An Equal Opportunity Employer

Personal Data

Name (last, first, middle)			Date	
City	State		Zip Code	
Phone Email				
If employed, can you provide proof of authorizati	on to work in the	u.s.? □	Yes □ No	
Position(s) applying for:				
Referred by □ Ad □ Friend □ Re	elative 🛮 Ag	gency \square	Other	
Have you been employed here before? ☐ Ye	es 🗆 No			
May we contact your current employer?	res □ No			
Education Record				
Name and Address of S	chool	Years Completed	Did you graduate?	Degree or Major
High School		•		
College				
Other				
Special Skills Summarize any special skills or qualifications th that are applicable to the job that you are applying		through empl	oyment or otl	ner experience
Employment History Begin with most recent employer. Attach addition	al sheet if needed			
Employer	Dates of	Employment		
Address				
Phone Manager's Name	·			
Title/Duties				
Reason for Leaving				

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Employment Application

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Employer	Dates of Employment
Address	
Phone	_ Manager's Name
Title/Duties	
Reason for Leaving	
Employer	Dates of Employment
Address	
Phone	_ Manager's Name
Title/Duties	
Reason for Leaving	
<u>Applicant's Signature</u>	
supplying false information employment or termination authorize investigation of a in arriving at an employment or prior employer local agency, or in any cour employment information. I	vers given here are true and complete to the best of my knowledge, and that in herein shall result in immediate disqualification for consideration for in from employment, regardless of when such false information is discovered. I all statements contained in this application for employment as may be necessary ent decision; and I hereby agree to indemnify and hold harmless each and every in defending against any charge, complaint or suit filed with any Federal, State or it of the State or Federal government for providing an accurate, factual history of understand that neither this document nor any offer of employment from the inployment contract, unless a specific document to that effect is executed by the writing.
Signature	Date
Please print, scan, and em obtain a copy to turn by ha	ail this document to questions@heyworthlibrary.com or stop in the Library to nd or mail.

Heyworth Public Library District Attn: Director PO Box 469 119 E. Main St. Heyworth, IL 61745

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