

Return Application for Employment to:
 Nicki Seidl, Director
 9400 S Troy, Avenue
 Evergreen Park, IL 60805
 708.422.8665 (fax)
 seidl@evergreenparklibrary.org



APPLICATION FOR EMPLOYMENT

If you require assistance with completing this application, or for any phase of the employment process, please notify the person that gave you this form or the Library Director to request an accommodation.

1. Please thoroughly read all statements contained in this application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. Incomplete or illegible applications will not be processed.

Date: _____

Position desired: _____

Personal Information

Name: _____

Present address: _____

Phone number: _____

Email address: _____

Education History

| | Name and location of school | Years attended | Did you graduate? | Subjects studied |
|--------------------------|-----------------------------|----------------|-------------------|------------------|
| High school | | | | |
| College | | | | |
| Trade or business school | | | | |

Subjects of special study, research work, special training or skills:

Availability

Are you legally authorized to work in the United States? _____ Yes _____ No

Former Employers (List the last one first)

| Dates employed | Name and address of employer | Position | Salary | Reason for leaving |
|----------------|------------------------------|----------|--------|--------------------|
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |
| From: | | | | |
| To: | | | | |

References

| | Name | Address | Relationship | Contact number |
|---|------|---------|--------------|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

“At-will” Employment Statement

I understand that if I am hired, my employment shall be “at-will, and that either the Library or I can terminate the employment relationship for any reason, or no reason at all, without notice.

EEO Statement

Evergreen Park Public Library is an Equal Opportunity employer, and does not discriminate in hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by law, rule, or regulation.

This waiver does not permit the release or use of disability-related or medical information in any manner prohibited by the American with Disabilities Act (ADA) and other relevant or state laws.

Certification

I certify the information provided by me on the application are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations may result in rejection of my application or discharge at any time during my employment.

Agreement

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and by signing this application, I agree to submit to such testing.

Authorization

I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information to the Evergreen Park Public Library concerning my background or test results, and I release these persons, schools, companies, medical practitioners, current and/or former employers and law enforcement authorities from any liability for any damage whatsoever for issuing this information to the Library.

Date: _____

Signature: _____