



Aurora
Public
Library
District

AURORA PUBLIC LIBRARY DISTRICT
Equal Opportunity Employer
Application for Employment

EMPLOYMENT

Position applied for: _____ Available to work: ___Days ___Evenings ___Weekends

Type of employment desired: ___ Full-time ___ Part-time ___ Seasonal Date Available: _____

Expected salary: _____

How did you hear about this position? _____

PERSONAL INFORMATION

Name _____

Address _____ Telephone No. _____
Street City State Zip

Are you at least 16 years of age? Yes/No

Have you ever worked for the Aurora Public Library District? Yes/No

Please specify: _____ Position _____ Dates _____

Are you related to any employee of the Aurora Public Library District? Yes/No

If yes, name and relationship to you: _____

If employed, can you provide proof of authorization to work in the US? Yes/No

EDUCATION

| | School Name | Area of Study | Did you graduate? | Degree/Diploma |
|------------------------|-------------|---------------|-------------------|----------------|
| High School/GED | | | | |
| College/Unive rsity | | | | |
| Post Graduate | | | | |



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Please list any additional licenses, certificates, special courses, seminars, workshops and other skills/experiences that relate to these positions.

List professional affiliations, trade, business, civic activities, or other associations to which you belong to.

EMPLOYMENT HISTORY

Begin with your most recent employer. Attach an additional page, if necessary.

| | |
|---|--|
| Employer _____ Address _____ Street City State Zip Code Supervisor's Name _____ Your Title _____ Your Duties _____ Reason for leaving: _____ | From _____ Month Year To _____ Month Year May we contact employer? |
| Employer _____ Address _____ Street City State Zip Code Supervisor's Name _____ Your Title _____ Your Duties _____ Reason for leaving: _____ | From _____ Month Year To _____ Month Year May we contact employer? |



| | |
|---|--|
| Employer _____ Address _____ Street City State Zip Code Supervisor's Name _____ Your Title _____ Your Duties _____ Reason for leaving: _____ | From _____ Month Year To _____ Month Year May we contact employer? |
|---|--|

PROFESSIONAL REFERENCES

Please provide three (3) professional/business references who are familiar with your work history and experience.

| Name | Organization | Relationship | Years Known | Phone No. |
|------|--------------|--------------|-------------|-----------|
| | | | | |
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PLEASE READ CAREFULLY BEFORE SIGNING

All information contained in or connected with this application will be considered personal, confidential and used only in conjunction with your possible employment with the Aurora Public Library District. The Aurora Public Library District complies with the Americans with Disabilities Act and any other similar applicable laws. If you are an individual with a disability and need accommodation as part of the application process (or any other accommodation), please contact the Human Resources Department.

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.

By selecting the box, you agree to the above terms.

APPLICANT'S SIGNATURE _____

DATE _____