

Application for Employment

Hazel Park Memorial Library

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

(PLEASE PRINT)

Positions Applied for _____ Date of Application _____

How did you learn about us?

- Advertisement
- Friend
- Walk- in
- Employment agency
- Relative
- Other _____

Last Name _____ First Name _____ Middle Initial ____

Address _____
Number Street City State Zip

Phone Number _____

Please circle one

If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes No

Have you ever filed an application with us before?
Yes No If yes, give date: _____

Have you ever been employed with us before?
Yes No If yes, give date: _____

Are you currently employed?
Yes No

May we contact your previous employer?
Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)

Yes No

On what date are you available to work? _____

Are you available to work: Full time Part time shift work temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain _____

Education

High school _____

Years completed _____

Diploma/ Degree _____

College _____

Years completed _____

Diploma/ Degree _____

Other _____

Years Completed _____

Diploma/ Degree _____

Indicate any foreign languages you can speak, read, or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Employment Experience

Start with your present job. Include any job-related military service assignment and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or any other protected status.

Employer _____ Dates employed _____
Address _____ Hourly rate/salary _____
Phone Number _____ Job Title _____
Work Performed _____
Reason for Leaving _____

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Employer _____ Dates employed _____
Address _____ Hourly rate/salary _____
Phone Number _____ Job Title _____
Work Performed _____
Reason for Leaving _____

Specialized skills

Circle all that apply

PC Word Processing Spreadsheet Copier
Database Internet
Other (list) _____

Please state any information you feel will be helpful to us in considering your application.

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

List any friends or relatives, other than spouse, working for the City of Hazel Park.

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an Employment decision.

This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature. This means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such a change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date