Position applying for:		Date & T
		S
	ORLAND PARK	

Date & Time Rec'd	
Staff initials	

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PUBLIC LIBRARY

A Natural Connection

The Orland Park Public Library is an Equal Opportunity Employer Only fully completed applications will be considered

Name	Last	First		Middle
		FIRST	r	/ildale
ddress	Number	Str	eet	
	City	State	Zip Code	
Email				
Phone		If ur	ider 18, please list a	age
Have vou worked h	ere hefore?		·	
lave you worked if				
How many hours can	you work per week?	Can you work	nights?W	eekends?
Days and hours avai	ilable to work; indicat	e times on each day (ex. 1-9 p.m.)	
Mon	Tue		Wed	
			_ Sat	
Sun				
	-			
Employment Desire	ed Full-Time	Part-1	ime Te	mporary
When are you avail	able to start?			
f employed, can yo	ou provide proof of a	authorization to wor	k in the U.S.?	□ Yes □ N
EDUCATION		Complete Mailing	Number of Years	Danna and/an
Type of School	Name of School	Complete Mailing	Number of fears	
	Name of Oction	Address	Completed	Degree and/or Major
High School	Name of Oction	Address	Completed	_
High School	Name of Octoor	Address	Completed	_
	Name of Octoor	Address	Completed	_
High School College	Name of Octoor	Address	Completed	_
	Name of ocnoor	Address	Completed	_

WORK EXPERIENCE Please list your work experience for the past five years beginning with your most recent job. If you were self-employed, give firm name. You may attach additional sheets if necessary.

(1) Name of Employer	
Address	
City, State, Zip Code	
Telephone	
Name of Last Supervisor	
Your Last Job Title	
Employment Dates FromTo	
Reason for Leaving	
List the jobs held, duties performed, skills used or learned while you worked for this company.	
(2) Name of Employer	
Address	
City, State, Zip Code	
Telephone	
Name of Last Supervisor	
Your Last Job Title	
Employment Dates FromTo	
Reason for Leaving	
List the jobs held, duties performed, skills used or learned while you worked for this company.	

(3) Name of Employer				
Address				
City, State, Zip Code				
Telephone				
Name of Last Supervisor				
Your Last Job Title				
Employment Dates FromTo				
Reason for Leaving				
List the jobs held, duties performed, skills used or learned while you worked for this company.				
May we contact your present employer? ☐ Yes ☐ No				
Please list two references other than supervisors previously mentioned or relatives. Examples are co-workers, volunteer coordinators, teachers, etc.				
(1) Name				
Address				
Telephone				
Relationship				
(2) Name				
Address				
Telephone				
Relationship				

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with the Orland Park Public Library creates an actual or implied contract of employment. I understand that, if I accept employment with the Orland Park Public Library, it will be on an at-will basis. This means that either the Orland Park Public Library or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize the Orland Park Public Library to investigate information concerning my education, employment references and all other aspects of my background relevant to my proposed employment. I release the Orland Park Public Library and its employees from all liability arising from such investigation.

Clausture of emplicant	Dete
Signature of applicant	Date

Orland Park Public Library will provide equal opportunity to all employees and applicants for employment regardless of actual or perceived race (and traits associated with race including but not limited to hair texture and protective hairstyles), color, national origin, ancestry, citizenship status, work authorization status, age, religion, marital status, disability, sex, gender, pregnancy, sexual orientation, gender identity, military or veteran status, order of protection status, genetic information, or any other category protected by applicable law.