





Aurora
Public
Library
District

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.

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



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? _____
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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.



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 submitted documents including the answers in this document 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 _____