



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847/ 318-5200
FAX: 847/ 318-5300
TDD:847/ 318-5252

PLEASE RETURN TO:

**PARK RIDGE PUBLIC LIBRARY
20 S. PROSPECT AVE.
PARK RIDGE, IL 60068**

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship or veteran status, or any other protected status under State or Federal law.

The City of Park Ridge does not discriminate on the basis of disability where such disability is unrelated to the ability to perform the essential functions of the position.

Personal Information

Full Legal Name: _____
 LAST FIRST MIDDLE

Present Address: _____
 NO. STREET CITY STATE ZIP CODE

Have you ever gone by a different name? Yes (specify): _____ No

Phone Number: _____ Other (specify): _____

Email address: _____

Position

Position applying for: _____ Salary Requirements: _____

Availability Full Time Part Time Seasonal Day & Hours Available: _____
 Holidays Nights/Weekends Travel

How were you referred to the City of Park Ridge?

Website Employment Agency Walk-in Other: _____

Have you been previously employed by the City of Park Ridge? Yes No

When? _____ What position? _____

Education

	School Names & Locations	Did you graduate?	Course of Study	Degree
High School				
College				
Graduate School				
Business/Trade School				

Do you hold any certifications and/or Licenses? If yes, please list: _____

Have you served in the Armed Forces? If yes, provide Branch of Service: _____

Please use the space below to summarize any job-related qualification(s), training, (including military or apprenticeship), computer skills, and/or experience: _____

Employment History (Please begin with most recent employer)

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	Starting Salary _____
Description of work and type of business _____	Ending Salary _____
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	Starting Salary _____
Description of work and type of business _____	Ending Salary _____
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	Starting Salary _____
Description of work and type of business _____	Ending Salary _____
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	Starting Salary _____
Description of work and type of business _____	Ending Salary _____
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

References

Please list three professional references. Include the names, phone numbers, and position(s) of the individuals who are familiar with your work history and experience. Do not list friends, relatives or personal references.

May we contact your present employer? Yes No

Please Read Before Signing

I authorize the City of Park Ridge to investigate any of the information contained on my application for employment, including past employment records, education, medical, driving, bank and credit records, licenses, certificates, references and other facts stated on the application, including criminal background, although I am not obligated to disclose expunged juvenile records of adjudication or arrest. I further authorize all individuals and organizations named in this application to give the City of Park Ridge all information relative to such verification. I specifically consent to the disclosure of information which may be covered by a settlement agreement or other "confidentiality" provision entered into with my former employers, and I waive my rights to enforce any such prior confidentiality agreement against my former employer with regard to this disclosure. Additionally, I waive any claim to privacy in such information, consent to the disclosure of information which may be exempt from disclosure by law, and waive any claims I may have to the protection of such information for the limited purposes of investigating and verifying my employment with the City of Park Ridge. I waive any right I may have to be notified by any individuals and organizations named in my application for employment prior to the release of any information to the City of Park Ridge, including the release of information concerning any disciplinary action taken against me by former employers.

I hereby release and discharge the City of Park Ridge and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information.

I understand that this application is not, nor is it intended to be, a contract of employment. I understand that employment with the City of Park Ridge is at-will, meaning that either I or the City can terminate employment at any time for any reason. If hired, I agree to abide by all applicable City rules and regulations as subject to modification by the City.

I hereby certify that the statements I have provided in this application are true and correct to the best of my knowledge. I agree that any misrepresentation or false statement on this application shall be considered grounds for rejecting this application, rescinding a job offer or for immediate discharge if discovered after hire.

Signature of Applicant

Date

Signature of Parent (if under age 18)

Date