



**SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experiences:

Typing: Approximate words per minute: \_\_\_\_\_

Shorthand: Approximate words per minute: \_\_\_\_\_

Computer software and Business machines operated: \_\_\_\_\_

**EMPLOYEE HISTORY** *(please complete all information even if you have a resume.)*

Begin with the most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. Additionally, list any other paid or unpaid work experience that may qualify you for a position. Attached additional pages if necessary.

Employer	FROM (MO/YR) TO (MO/YR)	Duties
Address	Salary/Wage	
Your Title	Part time <input type="checkbox"/> Hours per week _____ Full time <input type="checkbox"/>	
Supervisor's Name, Title, Phone No.		Reason For Leaving
Employer	FROM (MO/YR.) TO (MO/YR.)	Duties
Address	Salary/Wage	
Your Title	Part time <input type="checkbox"/> Hours per week _____ Full time <input type="checkbox"/>	
Supervisor's Name, Title, Phone No.		Reason For Leaving
Employer	FROM (MO/YR) TO (MO/YR)	Duties
Address	Salary/Wage	
Your Title	Part time <input type="checkbox"/> Hours per week _____ Full time <input type="checkbox"/>	
Supervisor's Name, Title, Phone No.		Reason For Leaving
Employer	FROM (MO/YR) TO (MO/YR)	Duties
Address	Salary/Wage	
Your Title	Part time <input type="checkbox"/> Hours per week _____ Full time <input type="checkbox"/>	
Supervisor's Name, Title, Phone No.		Reason For Leaving

*If more space is needed, please complete additional Employment History form*

**Read carefully before signing:**

I certify that all answers to the above questions are true and complete. I understand that falsification of this application may result in disqualification or removal from a ROCKFORD PUBLIC LIBRARY position. I authorize ROCKFORD PUBLIC LIBRARY to make inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that any such information is sought with confidentiality, and I will not request copies of such information. I also understand that my employment with ROCKFORD PUBLIC LIBRARY is conditional upon the satisfactory completion of a Drug Screening Urinalysis, and the receipt of satisfactory recommendations from former employers and references. If hired, I may be terminated at the discretion of ROCKFORD PUBLIC LIBRARY without obligation. Upon my termination from the ROCKFORD PUBLIC LIBRARY I authorize the release of reference information on my work. A copy of this authorization shall be effective as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_