

**EMPLOYMENT
APPLICATION**



SPOKANE COUNTY LIBRARY DISTRICT

4322 N Argonne Rd ♦ Spokane WA 99212-1868 / 509.893.8200

POSITION APPLIED FOR
YOUR AVAILABILITY DATE

An incomplete application will delay action and may disqualify you. Qualifications as listed in position announcements are meant to be descriptive, not restrictive. Applicants selected for certain positions may be required to have a criminal background check. An offer of employment may be contingent upon evaluation and approval of data received.

We consider applicants for all positions without regard to race, color, religion, gender, gender preference or orientation, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability, or any other legally protected status.

Please PRINT in ink. Send original application (fax or e-mail not accepted) and other required materials to the Human Resources Manager at the address above.

PERSONAL DATA

Last name		First name		Middle name	
Address		City		State	Zip code
Home phone / Other phone () ()		Were you ever known under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name		Name / Phone of person who can always reach you ()	
Can you provide proof of eligibility to work in the U.S. after offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to persons who are at least 40 years of age. Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now or have ever been employed by SCLD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes... Job title / Branch or Dept. / Dates of employment			Do you have any relatives working for SCLD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes... Name / Relationship		
Can you travel, work a variety of schedules or overtime if required by the job? (see job announcement) <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a felony or released from prison within the last seven (7) years, or been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain...		
<i>Note: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job.</i>					

EDUCATION

Name & location of school(s)	Major course of study	Years completed	Diploma / Degree
High School			
College			
College			
Other			

SKILLS

Personal computer <input type="checkbox"/> Yes <input type="checkbox"/> No List software used	Other computer system(s) Please specify...
List other experience, training, or skill which you feel would be helpful in this position	

Please enter complete information in each box. **Do not use "Please see résumé."** Account for the past **ten years** of employment, military experience or appropriate volunteer work. List the most recent position first. Attach additional sheet, if necessary.

EMPLOYMENT HISTORY

Employer	From (MM/YY) To (MM/YY)	Your position
Address	Phone	Primary duties:
City / State	Hours worked each week	
Name & title of supervisor	Salary starting / ending	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	From (MM/YY) To (MM/YY)	Your position
Address	Phone	Primary duties:
City / State	Hours worked each week	
Name & title of supervisor	Salary starting / ending	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	From (MM/YY) To (MM/YY)	Your position
Address	Phone	Primary duties:
City / State	Hours worked each week	
Name & title of supervisor	Salary starting / ending	
Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Do not include relatives

Name / Occupation	Phone	E-mail (optional)

APPLICANT'S CERTIFICATION & AGREEMENT/PLEASE READ BEFORE SIGNING

I hereby certify that the facts contained in this employment application and its attachments are true, accurate, and complete to the best of my knowledge and agree to have any of the statements checked by Spokane County Library District (SCLD). I authorize the references listed above to provide SCLD any and all information concerning my previous employment and any other pertinent information that they may have. *Further, I release all parties and persons from any and all liabilities for any damages that may result from furnishing such information to SCLD as well as from the use or disclosure of such information by SCLD or any of its agents, employees, or representatives.* I understand that false or misleading statements or material omissions on this application or provided in interviews may result in denial of employment or immediate dismissal if already employed.

If I am a qualified person with a disability and need a reasonable accommodation to assist me in the application or interview process, I understand I may request such accommodation. I understand that I must inform SCLD of my need for accommodation a reasonable time before that part of the selection process and will supply documentation supporting the need if so requested.

I understand that acceptance of an offer of employment does not create a contractual obligation upon SCLD to employ me in the future, is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S., SCLD's receipt of satisfactory responses to reference requests and a criminal background check, when required, and *my employment may be terminated by me or the District as circumstances warrant.*

I understand that this application and any attachments become the property of Spokane County Library District.

Signature _____ Date _____ FMHR1 01/08

SPOKANE COUNTY LIBRARY DISTRICT

REFERENCE AUTHORIZATION FORM

To whom it may concern:

I, _____, have applied for a position with Spokane County Library District. I authorize and request you to provide whatever work-performance related information is requested by Spokane County Library District, including but not limited to, requests for level of performance while employed, reason for leaving or discharge, final evaluation and eligibility for rehire, and specifically I RELEASE YOU AS MY PREVIOUS EMPLOYER AND ANY AUTHORIZED PERSON SPEAKING ON BEHALF OF MY PREVIOUS EMPLOYER FROM ANY LIABILITY TO ME OF ANY KIND WHATSOEVER ARISING OUT OF THE GIVING OF SUCH INFORMATION, whether such information is documentary in nature or given verbally.

Name: _____
(print name)

Signature: _____ Date: _____

STATUS REQUEST

If you would like to be notified of the status of your application, please write your name and desired position on the lines below and print your complete mailing address in the box in the middle of the page. Spokane County Library District will notify you of the status of your application only if you complete and return this form along with your application.

Applicant name: _____

Position applied for: _____

*Thank you for your interest in employment with Spokane County Library District.
Your application will remain in active candidacy for six months.*

FOR STAFF USE

Application status: <input type="checkbox"/> Not selected for an interview <input type="checkbox"/> Interviewed but not hired



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Spokane WA 99212-1868

Name		
Address		
City	State	Zip Code