

WCLS Employment Application

5205 Northwest Drive, Bellingham, WA 98226 (360) 305-3600 | wcls.org | the best place to begin

Position Applied For:	
Your Availability Date:	

The Library is an **EQUAL OPPORTUNITY EMPLOYER**. All qualified applicants will receive consideration without regard to race, religion, color, creed, national origin, sex, sexual orientation, age, political affiliation or belief, marital status, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a disabled person.

INSTRUCTIONS TO APPLICANT:

Please type or print clearly in ink. A completed Whatcom County Library System application is required for all positions; resumes may be submitted but will not be accepted as a *substitute* for a completed Employment Application. Please answer each question completely: unsigned or incomplete applications will not be considered.

	ibmitted but will not be accepted ach question completely; unsign				
Name:					
Please list any other nan	ne(s) used during employr	ment or education:			
Address:					
City:	State: Zip:				
Daytime Phone:	ne: E-mail:				
EDUCATION AND TR	?AINING:				
School	Name & Location	Major Course of Study	Degree Received		
High School			☐ Diploma ☐ GED		
Undergraduate					
Graduate					
Vocational/Technical					
Related Certificates or Licenses: Other related seminars or training:					
LANGUAGE SKILLS:					
Language: <u>English</u>	Speak Read Writ	e Begi Proficiency Level:	nner Intermediate Fluent		
Language:		Proficiency Level:			
Language:		Proficiency Level:			
GENERAL INFORMATION: Are you under 18 years of age? ☐ Yes ☐ No If yes, please list birthdate:					
How did you hear about this job vacancy?					
now did you hear about this job vacancy?					

Can you safely perform all the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No					
Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position? Yes No If yes, explain:					
atteridarios for tino position. El res					
Have you been convicted of a felony within the last ten years? Yes No. (A criminal record does not automatically disqualify an applicant for employment). If yes, explain:					
Have you ever been discharged or requested or forced to resign from	n any position because of				
misconduct or unsatisfactory service? Yes No. If yes, explain:					
If you are available for temporary work, indicate shortest period of	time for which you would accept				
employment : Not Available Day to day Done month Three	e months				
EMPLOYMENT HISTORY:					
Starting with your current or most recent employer, please list your	employment history, including				
periods of active military service, if any. If you need more space, pl					
Account for lapses in employment greater than sixty (60) days at the	e end of this section.				
Present/Last Employer:	May we contact? Yes No				
Address:	Hours per week:				
Phone Number:	Date Started:				
Your Title/Position:	Date Ended:				
Name & Title of Supervisor:	Final Salary: \$				
Specific Duties:					
Reason for leaving:					
Next Employer:	May we contact? Yes No				
Address:	Hours per week:				
Phone Number:	Date Started:				
Your Title/Position:	Date Ended:				
Name & Title of Supervisor:	Final Salary: \$				
Specific Duties:					
Reason for leaving:					

Next Employer:	May we contact? ☐ Yes ☐ No			
Address:	Hours per week:			
Phone Number:	Date Started:			
Your Title/Position:	Date Ended:			
Name & Title of Supervisor:	Final Salary: \$			
Specific Duties:				
Reason for leaving:				
Next Employer:	May we contact? Yes No			
Address:	Hours per week:			
Phone Number:	Date Started:			
Your Title/Position:	Date Ended:			
Name & Title of Supervisor:	Final Salary: \$			
Specific Duties:				
Reason for leaving:				
Please explain any break in employment history:				
JOB RELATED QUALIFICATIONS:				
List any additional skills, abilities, volunteer activities or other experiences not included above that				
you feel are relevant to the job for which you are applying:				
	ighly Proficient			
List systems and software used:				
Please describe your employment goals and why you are applying for this position:				

Have you ever visited a Whatcom County Library System library or the WCLS website? Yes No If yes, which one(s)?					
Please describe your experience:					
-	OFFICE ON AL DEFEDENCES.				
	OFESSIONAL REFERENCES: ase list three work-related references that have knowledge	e of your character and abilities, in			
	lition to the supervisors listed in the Employment History S	<u> </u>			
1	Name:	Job Title:			
	Employer:	Relationship:			
	Address:	Phone Number:			
	E-mail address:	Years known:			
2	Name:	Job Title:			
	Employer:	Relationship:			
	Address:	Phone Number:			
	E-mail address:	Years known:			
3	Name:	Job Title:			
	Employer:	Relationship:			
	Address:	Phone Number:			
	E-mail address:	Years known:			
25		· -			
CERTIFICATION AND HOLD HARMLESS AGREEMENT: I hereby certify that all information on all application materials submitted by me to the Whatcom County Library System is true, correct and complete.					
		ov of my application materials is grounds for			
I understand that falsifying or omitting facts or important information in any of my application materials is grounds for rejecting my application for employment and/or immediate dismissal. I give my permission for representatives of the					
rega	stcom County Library System to contact all of my references, employers arding my qualifications and information pertaining to my work record,	work habits and performance while in their			
	employ or school. I understand that these references will be confidential and I will not have access to them. I release the Whatcom County Library System and all providers of information from any liability as a result of furnishing and receiving				
this information.					
I give my permission for, and understand that with proper notification to me, the Whatcom County Library System will					
conduct a background check on me, regarding criminal history information, to be done by the Washington State Patrol or equivalent inquiry to a federal law enforcement agency. The background check is in compliance with the Child/Adult					
Abuse Information Act (RCW 43.43.830 through 43.43.840).					
I certify that I am legally eligible to be employed in the United States, or will provide proof of eligibility within three business days of the date of employment begins.					
Sig	nature:	/			
For Library use only:					
	rviewed by:	Date://			
Resu	ult:				
Noti	fied by:	Date://			

05/2013