



WCLS Employment Application

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

Name: _____

Position Applied For:
Your Availability Date:

The Library is an *EQUAL OPPORTUNITY* employer. All qualified applicants will receive consideration without regard to race, ethnicity, religion, color, age, gender, marital status, sexual orientation, gender expression or identity, status as an actual or perceived victim of domestic violence, sexual assault, or stalking, the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability, honorably discharged veteran or military status, or any other legally protected class.

INSTRUCTIONS TO APPLICANT

Please type or print clearly in ink. A completed Whatcom County Library System Employment Application is required for all positions; résumés 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.

Name:		
Please list any other name(s) used during employment or education:		
Address:		
City:	State:	Zip:
Daytime Phone:	Email:	

EDUCATION AND TRAINING

School	Name & Location	Major Course of Study	Degree Received
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate			
Graduate			
Vocational/Technical			

Related Certificates or Licenses:
Other related seminars or training:

LANGUAGE SKILLS

	Speak	Read	Write	Proficiency Level:	Beginner	Intermediate	Fluent
Language: <u>English</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proficiency Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proficiency Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proficiency Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list birthdate: _____
Can you provide proof of legal eligibility for employment in the U.S. within three business days of the date employment begins? <input type="checkbox"/> Yes <input type="checkbox"/> No
If required, can you obtain or do you possess a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any relatives employed by the Library: _____
How 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any commitments or other conflicts that would affect your promptness and/or regular attendance for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Have you ever been discharged, asked to resign, or forced to resign from any position because of misconduct or unsatisfactory service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
If you are available for temporary work, indicate shortest period of time for which you would accept employment : <input type="checkbox"/> Not Available <input type="checkbox"/> Day to day <input type="checkbox"/> One month <input type="checkbox"/> Three months <input type="checkbox"/> Six 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, please use additional sheets. Account for lapses in employment greater than sixty (60) days at the end of this section.

Present/Most Recent Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Your Title/Position:	Date Ended:
Name & Title of Supervisor:	
Specific Duties:	
Reason for leaving:	

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Your Title/Position:	Date Ended:
Name & Title of Supervisor:	
Specific Duties:	
Reason for leaving:	

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Your Title/Position:	Date Ended:
Name & Title of Supervisor:	
Specific Duties:	
Reason for leaving:	

Next Employer:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	Hours per week:
Phone Number:	Date Started:
Your Title/Position:	Date Ended:
Name & Title of Supervisor:	
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:

Computer skills: None Beginner Intermediate Highly 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:

PROFESSIONAL REFERENCES

Please list three work-related references that have knowledge of your character and abilities, in addition to the supervisors listed in the Employment History Section. **Do not list relatives.**

1	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email address:	Years known:
2	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email address:	Years known:
3	Name:	Job Title:
	Employer:	Relationship:
	Address:	Phone Number:
	Email address:	Years known:

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.

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 Whatcom County Library System to contact all of my references, employers (except as noted) and educational institutions regarding 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, and will provide proof of eligibility within three business days of the date employment begins.

Signature: _____

Date: ___/___/___

For WCLS use only:

Interviewed by:	Date: ___/___/___
Result:	
Notified by:	Date: ___/___/___