

Employment Application

Job Number

Position applied for	Location, if applicable
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Thank you for applying for employment with Spokane County Library District. SCLD requires all applicants to complete and sign an employment application form. Please read the job announcement carefully. Additional documentation may be required depending on the position. Incomplete applications will not be processed and candidates submitting incomplete applications will not be considered for employment.

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, military or veteran status, genetic information, or any other classification protected under federal, state or local law.

Please PRINT in ink. Once completed and signed, this application and other required materials may be submitted online or by mail to the Human Resources office at the address above. **Spokane County Library District only accepts applications for positions that are currently open.**

Last name	First name	Middle name	
Home address	City	State	Zip

Home phone	Have you ever worked under another name? Yes No If yes, list name...	Name/phone of person who can always reach you
Cell phone		
Email		

Can you provide proof of eligibility to work in the U.S. after offer of employment? Yes No	Are you at least 16 years of age? Yes No
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Are you currently employed by SCLD? Yes No	Do you have any relatives working for SCLD? If yes... Name Relationship	Yes No
Have you ever been employed by SCLD? If yes... Job title Branch or Dept. Dates of employment		

Do you have a valid Driver's License? Yes No	Can you travel, work a variety of schedules or overtime if required by the job (see job announcement)? Yes No
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Other than minor traffic violations, have you been arrested, indicted/charged or convicted of a traffic or vehicular crime (including DUI, reckless or negligent driving) within the last 10 years? Yes No	If yes to any, please explain. _____ _____ _____
Have you ever been arrested, indicted/charged or convicted of a non-traffic criminal offense within the last 10 years? Yes No	

Applicants will not be denied employment solely on the grounds of conviction of a criminal offense. However, the date and nature of the offense(s), including any significant details affecting the description of the event, the surrounding circumstances and the relevance of the offense(s) to the position may be considered.

Can you safely perform all essential functions of the position for which you are applying as stated in the job announcement with or without accommodations? Yes No	Please describe accommodations needed, if any. _____ _____
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SCLD complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. It is possible that an applicant may be tested on skills and agility.



Last name	First name
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Name of school City, State	Major course of study	Diploma Degree Certificate	Years completed
High School GED		Yes No	1 2 3 4
College		Y N AA BS/BA	1 2 3 4
Graduate School		Y N Masters Doctorate	1 2 3 4
Technical Trade School		Y N Certificate	1 2 3 4
Professional certifications or licenses. List and include expiration date. _____			

Check which computer systems you have experience with: PC MAC	Are you fluent in any foreign languages? Yes No If yes, indicate which languages and areas of fluency.
List all computer software you have used:	_____ write speak read _____ write speak read _____ write speak read
Do you have experience with ILS? Yes No If yes, name any you have used.	_____ write speak read _____ write speak read

Employment History

Please enter complete information in each box. **Do not use "Please see résumé."** Account for the past **10 years** of employment, military experience or volunteer work. List the most recent position first. Attach additional sheet, if necessary.

Employer	From (MM/YY) To (MM/YY)	Your position
Address	Phone	Primary duties
City State	Hour worked each week	_____
Supervisor name Title	Salary (starting ending)	_____
Reason for leaving	May we contact this employer? Yes No	_____

Employer	From (MM/YY) To (MM/YY)	Your position
Address	Phone	Primary duties
City State	Hour worked each week	_____
Supervisor name Title	Salary (starting ending)	_____
Reason for leaving	May we contact this employer? Yes No	_____

Employment History (continued on next page)

Last name	First name
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Employment History (continued)

Employer	From (MM/YY)	To (MM/YY)	Your position
Address	Phone		Primary duties
City State	Hour worked each week		
Supervisor name Title	Salary (starting ending)		
Reason for leaving	May we contact this employer? Yes No		
Explain any periods of unemployment			

References

Do not include relatives.

Name occupation	Phone	E-mail

Applicant's Certification & Agreement

Please read before signing.

By typing (electronic signature) or signing your name you 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 believe may be relevant. ***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 all offers of employment are conditioned on the provision of satisfactory proof of applicant's identity and legal authority to work in the U.S. Offers of employment are also conditioned on SCLD's receipt of satisfactory responses to reference requests, a criminal background check and/or medical examination, when required for this position.

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

Signature _____ Date _____



Last name	First name
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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: _____

Type in initials to certify your electronic signature