



AN EQUAL OPPORTUNITY EMPLOYER

Employment Application

Thank you for your interest in employment with Spokane County Library District. A separate and complete application form is required for each position you are applying for. Additional documents may be required, depending on the position; please read the job announcement carefully.

Spokane County Library District reserves the right to reject incomplete or late applications.

Position applying for

Job number	Job title	Location
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Applicant information

Last name	First name	MI
Have you ever worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, please list:	
Mailing address (include apartment number, if applicable)		
City	State	Zip
Email	Cell phone	Home phone

Are you at least 16 years of age? <input type="checkbox"/> YES <input type="checkbox"/> No	Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> No <i>Proof of eligibility will be required upon hire.</i>
Are you able to travel to other locations or work a variety of schedules if required? <input type="checkbox"/> YES <input type="checkbox"/> No	
Are you currently employed by the Library District? <input type="checkbox"/> YES <input type="checkbox"/> No	
Have you ever been employed by the Library District? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, please list last position held and separation date:
Do you have any relatives employed by the Library? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, please list name and relationship:

Education

	Name of school	City / State	Course of study	Diploma / Degree
High school				<input type="checkbox"/> YES <input type="checkbox"/> No
Undergraduate				<input type="checkbox"/> AA <input type="checkbox"/> BS / BA
Graduate				<input type="checkbox"/> Masters <input type="checkbox"/> PhD
Other				



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Professional certificates or licenses

Certificate / License	Issued by	Expiration date

Computer software experience

Please list software you have used and your proficiency level. Add additional sheets if necessary.	
	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert
	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert
	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert
	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert
Do you have experience with ILS? <input type="checkbox"/> YES <input type="checkbox"/> No	If yes, please list:

Employment history This section must be completed, add additional sheets if necessary. Do not use "Please see resume."

Employer	From	To	Job title
Address	City, State Zip		Phone
Supervisor name & title	Reason for leaving		
Primary duties			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> No			

Employer	From	To	Job title
Address	City, State Zip		Phone
Supervisor name & title	Reason for leaving		
Primary duties			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> No			



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Employment history (continued)

Employer	From	To	Job title
Address	City, State Zip		Phone
Supervisor name & title	Reason for leaving		
Primary duties			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> No			

Employer	From	To	Job title
Address	City, State Zip		Phone
Supervisor name & title	Reason for leaving		
Primary duties			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> No			

Employer	From	To	Job title
Address	City, State Zip		Phone
Supervisor name & title	Reason for leaving		
Primary duties			
May we contact this employer <input type="checkbox"/> YES <input type="checkbox"/> No			

Professional references

Please list 3 references who are familiar with your work, school, or volunteer activities, who are not related to you, and who are not listed above as a supervisor.

Name	Email	Phone	Relationship



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Applicant's Certification and Agreement

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information during the application process may result in immediate dismissal.

I authorize Spokane County Library District to solicit information regarding my education and previous employment and to contact any and all references and former employers I have listed on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information as well as from the use of such information by Spokane County Library District or any of its agents, employees, or representatives.

I understand that Spokane County Library District is committed to a program of Equal Opportunity in all its personnel practices and the provision of its services. If employed, I agree to support the organization's efforts in ensuring Equal Opportunity for all members and employees regardless of race, color, religion, gender identity, sexual orientation, age, disability, marital status, citizenship, veteran status, disability, or any other characteristics protected by law.

If I am a qualified person with a disability and need any accommodation to assist me in the application, testing, or interview process, I may request such accommodation. I understand that I must inform Spokane County Library District of my need for accommodation within a reasonable time before that portion of the selection process during which I will need accommodation. I will supply documentation supporting the need if so requested.

All offers of employment are conditional, based on satisfactory proof of the applicant's identity and legal authority to work in the United States as well as satisfactory results of reference checks, criminal background check, and credit check (if applicable).

I understand that all application materials submitted become property of Spokane County Library District.

Signature _____ Date _____