

## **APPLICATION FOR EMPLOYMENT**

### **EMPLOYMENT OPPORTUNITY \* AFFIRMATIVE ACTION EMPLOYER \* DRUG-FREE WORK ENVIRONMENT**

As an equal opportunity employer, the library does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability, or natural origin. The library only hires individuals authorized for employment in the United States.

**PLEASE NOTE:** Type or print legibly in ink. The application must be completed in full, clearly, concisely, and accurately. All statements are subject to verification. This application may be subject to public disclosure.

#### **APPLICATION FOR:**

Title of Position: \_\_\_\_\_ Date of Application: \_\_\_\_\_

#### **PERSONAL INFORMATION:**

Last name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ (to be provided upon employment)

If hired, can you provide proof that you are at least 18 years of age? \_\_\_\_ yes \_\_\_\_ no

Can you, after employment, submit documents of proof that you are eligible to work in the U.S.?

\_\_\_\_ yes \_\_\_\_ no

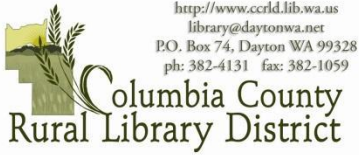
Language(s) applicant reads, speaks or writes fluently? \_\_\_\_\_

Do you possess a valid driver's license \_\_\_\_ yes \_\_\_\_ no Issuing State \_\_\_\_\_

Driver's license number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have dependable, year-round transportation? \_\_\_\_ yes \_\_\_\_ no

Statement will be provided by the employer of regular days, hours or shifts to be worked, which may vary from day-to-day.



http://www.ccrld.lib.wa.us  
library@daytonwa.net  
P.O. Box 74, Dayton WA 99328  
ph: 382-4131 fax: 382-1059

111 S. 3<sup>rd</sup> Street  
Dayton, WA 99328  
(509) 382-4131  
Email: director@daytonml.org

**Columbia County Rural Library District**  
**P. O. Box 74**  
**111 S. 3<sup>rd</sup> Street**  
**Dayton, WA 99328**  
**(509) 382-4131**  
**Email: director@daytonml.org**

Have you been convicted, or served time in a correctional institution within the past seven (7) years?  
\_\_\_\_ Yes      \_\_\_\_ No

If yes, explain each conviction on an attached sheet and include 1) date; 2) charge; 3) place; 4) action taken. (The conviction does not constitute an automatic bar to employment and the seriousness of the crime and the date of the conviction/s will be considered).

American with Disabilities Act: Are you able to perform the essential job functions as they are listed on the job description for this position? \_\_\_\_ yes \_\_\_\_ no  
With accommodation \_\_\_\_ without accommodation \_\_\_\_  
How would you perform the task and with what accommodation(s)?

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**EDUCATION:**

Circle the highest grade completed

8 9 10 11 12\_ GED Equivalent ;      College 1 2 3 4 (years)      Graduate work \_\_\_\_ yes \_\_\_\_ no

What is your educational background?

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What schools did you attend?

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**ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS:** Academic and Professional Activities and Achievements, Awards, Publications or Technical-Professional Societies, indicate type or name. Exclude organizations, which indicate race, creed, color, sex, age, religion, handicap or national origin of its members.

Date of Award \_\_\_\_\_ Comments \_\_\_\_\_

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**SKILLS:** Skills applicable to position applied for:

**Typing:** How many words per minute can you type? \_\_\_\_\_

**Computer Skills:**

Do you have experience with PCs? yes \_\_\_\_\_ no \_\_\_\_\_

Do you have experience with MAC yes \_\_\_\_\_ no \_\_\_\_\_

List the type of operating systems you have used

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List the software applications you are familiar with \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

**Please attach a record of your work experience and a list of references, including phone numbers.**

Please list employment starting with your most recent position. Please explain gaps in employment history. List all experience, paid and voluntary, related to the position for which you are applying. If you have less than four places of employment, include personal references to be contacted.

List: Business or Agency Name; Address; Phone Number; Job Title; Dates Employed; Supervisor Name; Hours worked per week; Final Salary; Duties; Reason for Leaving.

May we contact your present employer? \_\_\_\_\_ yes \_\_\_\_\_ no

May we contact your references? \_\_\_\_\_ yes \_\_\_\_\_ no

For the purpose of checking your references, have you worked for any of your job references under a different name? If yes, please explain

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Failure to provide all information may result in rejection of your application. Resumés will not be accepted in lieu of completing this application, but may be attached to the application.

**NOTICE IN CASE OF EMERGENCY:**

Name and phone of person to be notified in case of emergency:

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**AUTHORIZATION AND CERTIFICATE  
PLEASE READ THIS STATEMENT CAREFULLY**

I authorize Columbia County Rural Library District at the time of my application for employment and during the course of my employment to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed. I hereby affirm that the information given on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in background, and criminal record, whichever may be applicable. I understand what this investigation may include, and I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I further understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation. I hereby release said employers or third party people and Columbia County Rural Library District from any liability or damages for receiving or releasing information.

Federal law requires anyone employed by the Library District, which is a Junior Taxing District of Columbia County to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization. I understand that employment with Columbia County Rural Library District, is at-will and the employment relationship may be ended by either party at any time with notice or in the case of gross misconduct without notice.

I have read and affirm as my own the above statements.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_