Application for Employment Washington County Public Library System

The Washington County Public Library is an equal opportunity employer. It complies with the Civil Rights Act, the Americans with Disabilities Act, and other legislation which prohibits discrimination in employment because of race, color, sex, religion, national origin, age or physical and mental disability. Any applicant, who feels that he or she has been discriminated against in some manner, is encouraged to report the incident immediately to the Library Director.

Instructions: Your interest in employment with our library is appreciated. This application is the initial step in the selection process and it will help the library assess your qualifications, work history, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to this application form, however, you must still complete this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. Please write legibly. If you need assistance completing this form because of a disability, please request that the Director of Libraries provide someone to assist, or you may request that we consider some other reasonable accommodation.

Information About You

Name				Telephone #	Telephone # []	
	Last	Middle	First			
Current Address						
	Number	Street	City	State	Zip Code	
Are you over 18 year	s old? Yes	No				
)o you have seconda	ry employment	that will continue if you	are hired by the library?	Yes No		
If yes, list the nature	of the secondar	y employment:				
Are you eligible for e	employment in t	ne United States? Yes_	No [If hired, y and ver	ou'll be required to pr rification of employme	ovide proper identification nt eligibility]	
		Vour Emplo	yment History			
Present Or Most Rec	ent Employer	Tour Empire	ymont matery			
	NT.			()	
	Name of Organiza	ition	Type of Busin	ess	Telephone Number	
Supervi	sor's Name/Job Titl	e		Your Job Title		
//to/_ Dates Employed	_/	Are you still emplo	yed with this organization	? Yes No		
Your pay rate or sal	ary:	annual/ hourly [circle one]				
Briefly Describe You	r Job Duties: _					
			,			
May we contact this	employer for a j	ob reference? Yes	No Reason[s] f	or Leaving:		

Next Most Recent Employer			
		()	
Name of Organization	Type of Business	Telephone Number	
Supervisor's Name/Job Title	Your Job Title		
/to			
Your pay rate or salary: annual/ hourly [circle one]			
Briefly Describe Your Job Duties:			
May we contact this employer for a job reference? Yes No	Reason[s] for Lea	ving:	
List all other employers for whom you have been employed and the	dates of your employment	:	
Name of Organization		Dates Employed	
		// to// // to//	
Your Education an	d Training		
Circle the last year of formal education completed:			
9 10 11 12 High School	1 2 3 4 5 6 7 8 College	1 2 3 4 Trade School	
High School Attended: College:	Trade	School;	
Diplomas, degrees or Certificates Achieved:			
Describe other courses or the training you've received which y applying?		form the job for which you are	
About The Job For Which	You Are Applying		
Please list the title of the job for which you are applying:			
Do you have reliable transportation to and from work?			
You may be given a summary of the job description for which you are apessential duties and qualifications for the job. Proceed in answering the remaindered	pplying. Please review the designment of questions on this app	scription so that you understand the lication form.	

Can you perform the essential functions of the [either with or without a reasonable accommodation]? Yes ____ No ____

Explain:	_
Expected Hourly Rate or Salary: Do you want: Full-time Part-time Temporary Any If hired, when will you be available to work?// List any schedule restrictions:	_
List any special certifications or licenses which are required or help demonstrate your ability to perform the j	
List all job equipment [listed on the description] that you are qualified to operate:	-
Applicant Signature This application will remain on file with the library for a period limited to 90 days following the date of its submission. In signing below, I am verifying that all of the information I've provided is complete, truthful and accurate to the best of my knowledge. I further understand that any misrepresentation or omission of pertinent facts is cause for disqualifying me from further consideration in the employment selection process. If I am hired, and the library subsequently discovers that information provided on this application is inaccurate or incomplete, I understand that this may be sufficient cause for me to be separated from employment. I understand that to be considered for employment, I must comply with the library's policies and other work rules. I further understand that this application is not, and is not intended to be a contract of employment, and that employment with the library is at-will, and does not constitute a contractual employment relationship.	
Applicant's Signature Date	