

**Asotin County Library
Employment Application**

An Equal Opportunity Employer – Library Assistant

Prior to beginning work, candidate will be required to submit proof of eligibility to be employed in the United States. Employment is dependent upon a background check and drug test.

PLEASE PRINT

Application date _____

PERSONAL DATA

Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Other phone _____
Email address _____
Under 18? _____yes _____no

EDUCATION

	Name & Address	Dates	Diploma/Degree
High School	_____	_____	_____
College	_____	_____	_____
	Name & Address	Dates	Diploma/Degree
Graduate school	_____	_____	_____
	Name & Address	Dates	Diploma/Degree
Other	_____	_____	_____

Were you known by any other name at any school or job listed? _____Yes _____No
If so, what name? _____

EXPERIENCE AND SKILLS

This position requires comfort with technology, ability to use word processing software, and willingness to master new technologies as they arise.

Typing skills? _____yes _____no

Related computer experience and skills:

This position requires lifting 40 lbs., pushing heavy carts, standing for up to 2 hours at a time, repetitive stooping and kneeling.

Are you capable of performing these essential duties? _____ yes _____ no

Activities which have provided you with experience, training or skills which you feel would be helpful in a position with the Asotin County Library.

EMPLOYMENT RECORD and/or any appropriate volunteer work.

Please complete in full. List most current/recent position first.

May we contact your current employer? _____ yes _____ no

Employer name _____ Phone _____
Address _____ From(mo/yr) _____
Supervisor _____ To (mo/yr) _____
Your position _____
Duties and responsibilities _____

Reason for leaving _____

Employer name _____ Phone _____
Address _____ From(mo/yr) _____
Supervisor _____ To (mo/yr) _____
Your position _____
Duties and responsibilities _____

Reason for leaving _____

Employer name _____ Phone _____
Address _____ From(mo/yr) _____
Supervisor _____ To (mo/yr) _____
Your position _____
Duties and responsibilities _____

Reason for leaving _____

Have you ever been convicted of a crime? _____ yes _____ no

If yes, please explain. _____

REFERENCES

NAME ADDRESS PHONE

1. _____
2. _____
3. _____

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. I authorize the Asotin County Library to contact any of my past employers to obtain information concerning my previous employment and /or education, except as otherwise indicated. I release Asotin County Library from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

_____ Date

_____ Signature of Applicant

