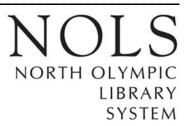


Learn.

Create.

Connect.



North Olympic Library System, 2210 South Peabody Street, Port Angeles, WA 98362 (360)417-8500

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Fill out this form and email it to HR@nols.org

Position for which applying:	Location:	Full Time: (Part Time: (Applicat	tion Date:	
PERSONAL DATA						
NAME: Last First		Middle Initial				
ADDRESS: Street	City	State	Zip Code		Time at Present Address	
Home Phone	Alternate Phone		E-mail			
Are you currently under a visa status which would prevent yo lawfully employed in this coun	u from being YES:	NO: (Relatives in NOLS	Employmer	nt	
How did you learn about this posit	sition opening? Have you ever worked for the North Olympic		ic YES: O NO: O			
EDUCATION	,					
Name of School	Address	Date Atten	•	a or Degre	ee Major	
115-4-		From	То			
High School						
College						
Graduate						
School						
Other						
Were you known under another name at any school or job listed? YES: O NO: O If yes, what name?						
Indicate school or employer: This will assist us in the necessary verification.						
STUDENT Current High School	ool:	Counselor's na	me & phone:			

Comp	RIENCE AND SKILLS uter experience and skills (please list specific programs, databases, spreadsheets, operating systems, internet, etc. wit you are proficient):
Public	and/or Customer Service experience:
	experience and skills (list activities which have provided you with experience, training or skills which you feel would appl sition with the library):

Do you speak, read, or write any other languages?	Degree of fluency: Slight Moderate Fluent
If required in this position, do you have a valid Washington State Driver's L	icense? YES: O NO: O
Add any other information that you feel is important:	
EMPLOYMENT RECORD	
Please complete in full, listing last position first. Account for the past ten ye experience. Employer name:	
experience.	Your Position:
Employer name:	Your Position:
Employer name:	Your Position: To (Mo./Yr.):
experience. Employer name:	Your Position: To (Mo./Yr.): Total time: Years Months
Employer name: Address: Phone: Email: Supervisor:	Your Position: To (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving:	Your Position: To (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving:	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)
Employer name: Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: \(\) NO: \(\)	Your Position: To (Mo./Yr.): To al time: Years Months Full Time: \(\) Part Time: \(\)

Employer name:	Your Position:
Address:	From (Mo./Yr.): To (Mo./Yr.):
Phone:	Total time: Years Months
Email:	Full Time: O Part Time: O
Supervisor:	
Reason for leaving:	
May we contact this employer? YES: \(\) NO: \(\)	
Duties and responsibilities. If you have provided this information in detail in a	an attached resume, you may indicate "See Resume").
Employer name:	Your Position:
Employer name:Address:	
Address:	
Address:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months
Address: Phone: Email:	From (Mo./Yr.): To (Mo./Yr.):
Address: Phone: Email: Supervisor:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months
Address: Phone: Email: Supervisor: Reason for leaving:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:
Address: Phone: Email: Supervisor: Reason for leaving: May we contact this employer? YES: NO:	From (Mo./Yr.): To (Mo./Yr.): Total time: Years Months Full Time: Part Time:

Employer name:		Your Position:		
Address:		From (Mo./Yr.):	To (Mo./Yr.):	
Phone:		Total time: Years	Months	
Email:		Full Time: O Part Time: O		
Supervisor:	-			
Reason for leaving:				
May we contact this employer?	YES: O NO: O			
Duties and responsibilities. If yo	u have provided this information in deta i	I in an attached resume, you r	nay indicate "See Resume").	
REFERENCES (Professional Re	eferences Preferred)			
Name	Nature of Relationship	Phone	E-mail	

A checkmark below indicates acknowledgement and agreement with the below statements.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact in this application or in any other required documents, as well as any misleading statements or omissions, may be cause of denial of employment or immediate termination, regardless of how or when discovered.

I hereby consent to NOLS making inquiry of the above references and employers, except as noted, as to my qualifications. I understand that for certain positions NOLS may require a check of applicant's driving record and/or a criminal background investigation.

Please inform us if you need any accommodation to apply or interview for this position.