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NOLS
NORTH OLYMPIC
LIBRARY
SYSTEM

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.

Position for which applying:	Location:	Full Time: <input type="radio"/> Part Time: <input type="radio"/>	Application Date:
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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 or immigration status which would prevent you from being lawfully employed in this country? YES: <input type="radio"/> NO: <input type="radio"/>					Relatives in NOLS Employment	
How did you learn about this position opening?				Have you ever worked for the North Olympic Library System? If so, under what name? YES: <input type="radio"/> NO: <input type="radio"/>		

EDUCATION

	Name of School	Address	Date Attended		Diploma or Degree	Major
			From	To		
	High School					
	College					
	Graduate School					
	Other					

Were you known under another name at any school or job listed? YES: NO: If yes, what name? _____

Indicate school or employer: _____ This will assist us in the necessary verification.

STUDENT Current High School: _____ Counselor's name & phone: _____
APPLICANTS

EXPERIENCE AND SKILLS

Computer experience and skills (please list specific programs, databases, spreadsheets, operating systems, internet, etc. with which you are proficient):

Public and/or Customer Service experience:

Other experience and skills (list activities which have provided you with experience, training or skills which you feel would apply to a position 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 License? YES: NO:

Add any other information that you feel is important:

EMPLOYMENT RECORD

Please complete in full, listing last position first. Account for the past ten years of employment, military, and applicable volunteer experience.

Employer name: _____ Your Position: _____
Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____
Phone: _____ Total time: Years _____ Months _____
Email: _____ Full Time: Part Time:
Supervisor: _____ Ending Salary mo/wk/yr: \$ _____

Reason for leaving: _____

May we contact this employer? YES: NO:

Duties and responsibilities. *If you have provided this information **in detail** in an attached resume, you may indicate "See Resume".*

Employer name: _____ Your Position: _____
Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____
Phone: _____ Total time: Years _____ Months _____
Email: _____ Full Time: Part Time:
Supervisor: _____ Ending Salary mo/wk/yr: \$ _____
Reason for leaving: _____

May we contact this employer? YES: NO:

Duties and responsibilities. *If you have provided this information **in detail** in an attached resume, you may indicate "See Resume").*

Employer name: _____ Your Position: _____
Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____
Phone: _____ Total time: Years _____ Months _____
Email: _____ Full Time: Part Time:
Supervisor: _____ Ending Salary mo/wk/yr: \$ _____
Reason for leaving: _____

May we contact this employer? YES: NO:

Duties and responsibilities. *If you have provided this information **in detail** in an attached resume, you may indicate "See Resume").*

Employer name: _____ Your Position: _____
 Address: _____ From (Mo./Yr.): _____ To (Mo./Yr.): _____
 Phone: _____ Total time: Years _____ Months _____
 Email: _____ Full Time: Part Time:
 Supervisor: _____ Ending Salary mo/wk/yr: \$ _____
 Reason for leaving: _____

May we contact this employer? YES: NO:

Duties and responsibilities. *If you have provided this information in detail in an attached resume, you may indicate "See Resume".*

REFERENCES (Professional References Preferred)

Name	Nature of Relationship	Phone	E-mail

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 the applicant's driving record and/or a criminal background investigation.

 SIGNATURE (if you don't have a digital signature, initial here ↑)
 OF APPLICANT

 DATE

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