

RITZVILLE LIBRARY DISTRICT #2
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Position: _____ **Date Available for Employment:** _____

Instructions to the Applicant:

Please complete this application after you have read and understand the following instructions. A fully completed, signed employment application is required. Other documents may be attached but cannot be substituted for requested information. Provide the requested information by typing or printing in ink.

1. Answer truthfully.
2. If offered this position, you may be required to pass a physical examination by a competent medical examiner, designated by Ritzville Library District #2, that could include a drug screen. Additionally, an offer of employment may be conditioned upon your ability to satisfactorily pass a criminal background check.
3. Ritzville Library District #2 offers equal opportunity for employment to all applicants without regard to race, creed, color, sex, marital status, age, national origin, sexual orientation, or disability.
4. Complete and sign this application on the last page and return all required materials: Ritzville Library District #2, 302 W Main Ave, Ritzville, WA 99169

Personal Data

Last Name _____ First _____ Middle Initial _____
Street
Address _____

City _____ State _____ Zip Code _____

Home/Message Phone _____ Work Phone _____

Previous Address if at current location for less than 3 years _____
_____ How long? _____

Name(s) of relatives employed by Ritzville Library District #2:

Relationship(s)

Other names used while working or attending school

Are you a U.S. Citizen or does a Visa or immigration status permit lawful employment in the United States? Yes ___ No ___

Education and Training Record

Name of School Degree/Major or Course	Location	Dates	
		From	To
High School _____	_____	_____	_____
College Graduate or Management Courses _____	_____	_____	_____
Apprenticeship Program or other Training _____	_____	_____	_____

Other Education or Training (Please follow the same format as above)

Employment Record

List past employment positions, starting with the present or most recent. Include self-employment and military service.

Employer Name _____ Telephone () _____

Dates of Employment: From: ____ Month ____ Year To: ____ Month ____ Year

Address _____ City _____ State ____ Zip ____

Job Title _____ Immediate Supervisor _____

Primary Responsibilities _____

Reason for Leaving _____ Ending Salary _____

.....

Employer Name _____ Telephone () _____

Dates of Employment: From: ____ Month ____ Year To: ____ Month ____ Year

Address _____ City _____ State ____ Zip ____

Job Title _____ Immediate Supervisor _____

Primary Responsibilities _____

Reason for Leaving _____ Ending Salary _____
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Employer Name _____ Telephone () _____

Dates of Employment: From: ____ Month ____ Year To: ____ Month ____ Year

Address _____ City _____ State ____ Zip _____

Job Title _____ Immediate Supervisor _____

Primary Responsibilities _____

Reason for Leaving _____ Ending Salary _____
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SPECIAL SKILLS/ LICENSES/ CERTIFICATES/ EXPERIENCE

Please describe any equipment, machines you can operate and/or other special experience/skills you have which relate to this position. If appropriate, identify the number of years operated or the length of time spent performing these tasks, i.e., computer skills, types of software used, copying or other production equipment.

Foreign Languages you speak:

DRIVER INFORMATION

Do you have a valid Washington State Driver's License? Yes ____ No ____

Driver's License Number _____ Expiration Date ____ Month ____ Year

Do you have any department of Motor Vehicles imposed restrictions on your driving privileges? Yes ____ No ____

Number of moving (traffic) violations in the past 3 years: _____.

Have you been convicted of driving under the influence of alcohol, or a controlled substance in the last 7 years? Yes _____ No _____

Have you ever been convicted and/or forfeited bail in connection with an accident during the last 7 years? Yes _____ No _____

REFERENCES

Please give References (not relatives, unless employers) we may contact.

Name _____ Telephone _____ Relationship _____
Address (City, State Zip Code) _____

Name _____ Telephone _____ Relationship _____
Address (City, State, Zip Code) _____

Name _____ Telephone _____ Relationship _____
Address (City, State, Zip Code) _____

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby give Ritzville Library District #2 the right to make a thorough investigation of my present and/or past employment, education, character and qualifications. I release Ritzville Library District #2 and all previous employers and supervisors from all liability for any damages that may result from furnishing information to Ritzville Library District #2. I understand that any false answer or statements on this form or on other required documents may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Ritzville Library District #2 and myself for any term of employment or employment benefit or procedure. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon Ritzville Library District #2 unless made in writing. I understand that if employed, no company representative has the authority to make any oral or written agreements altering the employment-at-will relationship; either I or Ritzville Library District #2 may terminate the employment relationship at any time with or without cause; I will abide and conform to the rules and regulations of Ritzville Library District #2.

If offered a job, I agree to take an employment physical examination, if required, which may include tests for drug use, and that my employment is contingent upon obtaining satisfactory results. I further agree to such future examinations as may be required by Ritzville Library District #2.

I understand that, if an offer of employment is made and accepted, I will be required to provide proof of my identity and my legal right to work in the United States prior to beginning actual work for Ritzville Library District #2.

Signature _____ Date _____