# Whitman County Library - Application for Employment

Hours available:  MonTuesWedThursFriSatSun    Work experience (Please list most recent first)  1    PositionAddress	Last name	·	First name(s)			Today's Date			
Are you applying for:  []Full-time  []Temporary  Date Available to start:	Street address		City State/Provinc		vince	ce Zip/Postal code			
Work experience (Please list most recent first)    1  Position	Telephone (include area co	elephone (include area code)		Fax		E-r	E-mail		
Position  Dates of employment    Address	Are you applying for:	[] Full-time	[] Part-time	[] Tempo	rary Date A	vailable to start:			
Employer  Address    Supervisor  E-mail    Beginning pay  Ending pay    Reason for leaving  May we contact this employer? []Yes    Responsibilities	Hours available:	Mon	Tues	Wed	Thurs	Fri	_ Sat	Sun	
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List other relevant work experience	List other relevant wo	rk experience							

#### Education/training

Institution:	oloma or equivalent? [] yes [] no Areas of Study	Certificate or degree?		
	Aleas of Study	Certificate of degree?		
List other relevant skills, traini	ng or library experience:			

#### Other activities

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

#### **Personal References**

Please provide three reference contacts other than family members:

Name	Email address	Telephone	Occupation
Name	Email address	Telephone	Occupation
Name	Email address	Telephone	Occupation

### Please tell us why you are interested in working for Whitman County Library?

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

# Whitman County Library - Disclosure Form

Under Washington Law, Whitman County Library is required to obtain a written disclosure from all applicants for employment or for volunteer positions which will or may involve unsupervised access to children under sixteen years of age, or developmentally disabled persons or vulnerable adults. You must complete this disclosure form in order for your application to be considered.

In addition, under Washington Law, Whitman County Library may make a background inquiry with the Washington State Patrol or other agencies if you are offered and after you accept the position. The background inquiry covers civil adjudications, convictions and disciplinary board final decisions based on certain crimes. Successful completion of this background inquiry is a condition of employment with WCL.

Information obtained from both the disclosure statement and from the background inquiry may not necessary prevent employment. The information will be a consideration in determining the applicant's suitability and competence to perform the job and, on this basis, may result in a denial of employment. If you are chosen for the position and a background inquiry is made with the Washington State Patrol as a condition of employment, WCL will notify you of the background inquiry's response within ten days after human resources receive the response. A copy of the response will also be made available to the applicant upon request.

#### Answer Yes or No to the listed question.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first, second or third degree assault; first second or third degree assault of a child; first or second degree kidnapping; first, second or third degree assault of a child; first or second degree robbery; First degree arson; First degree robbery; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting of prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

If yes, list as follows:	NO	YES	
Offense: Date of Convi	ction:	County and State: Disposition:	Court

2. Have you ever been convicted of any crimes relating to the financial exploitation of a victim who was a vulnerable adult, including: first second or third degree extortion; first second or third degree theft; forgery?

If yes, list as follows:	NO	YES	
Offense: Date of Convi	ction:	County and State: Disposition:	Court:

3. Have you ever been found in any dependency action (a court proceeding regarding child dependent status and/or termination of parental rights under RCW 13.34.030 (2) (B) or any other jurisdiction outside of Washington state) to have sexually assaulted or exploited any minor or developmentally disabled person or have abused any minor or developmentally disabled person?

If yes, list as follows:	NO	YES	
Offense: Date of Conv	viction:	County and State: Disposition:	Court:

4. Have you ever been found guilty by a court in a domestic relations proceeding under Title 26 RCW (or under any other jurisdiction of Washington State to have sexually abused any minor or developmentally disabled person or have physically abused any minor or developmentally disabled person?

If yes, list as follows:	NO	YES	
Offense: Date of Convict	ion:	County and State: Disposition:	Court:
		any disciplinary board final decision to have abused or financially exploited	o have sexually abused physically abused any minor or any vulnerable audit?
If yes, list as follows:	NO	YES	
Offense: Date of Convict	tion:	County and State: Disposition:	Court:
adult?	NO	YES	RCW, to have abused or financially exploited any vulnerable Court:
		County and State: Disposition:	Court.
7. Have you ever been o	onvicted of a	drug related crime?	
If yes, list as follows:	NO	YES	
Offense: Date of Convict	ion:	County and State: Disposition:	Court:

I attest under penalty of perjury that the information I have provided is true and accurate to the best of my knowledge.

I hereby authorize Whitman County Library to conduct a background inquiry on me. I understand that any offer of employment is contingent on the successful outcome of this background check.

Print Name: \_\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

# Name/Photo Authorization:

I hereby authorize Whitman County Library or its representatives to use my name or photograph for the purpose of producing printed materials or for use on the library's website. These materials include but are not limited to, brochures, reports, official library website use, presentations, promotional videos, etc.

Pursuant to this understanding, I authorize Whitman County Library to use my name or photograph for any lawful purpose, in its sole discretion, as it deems appropriate.

Signature

Date

# Insurance/Driver's license Authentication:

Because some duties at the library may involve work related travel, I attest that I have a valid driver's license and that I have automobile insurance as required by Washington State Law.

Drivers license number

State

Insurance Company

Policy number

Printed name

Signature

Date

## Applicant Read and Sign

I hereby certify that all information in my application packet is true, correct and complete.

I understand that any falsification or omission of the facts or important information in connection with this application and other employment documents or application materials is grounds for immediate dismissal. I consent to Whitman County Library System making inquiry of my personal references, employers (except as noted) and educational institutions as to my qualifications and information pertaining to my work record, my work habits and my work performance while in their employ or school. I release said parties from all liability for any damages that might result from issuing same.

In making application for employment, I give permission for, and understand that the Whitman County Library System may make a background check on me, regarding criminal history information, to be done by the Washington State patrol or an equivalent inquiry to a federal law enforcement agency. This background check is in compliance with the Child/Adult Abuse Information Act (RCW 43.43.830 through 43.43.840).

I certify that I am legally eligible to be employed in the United States, or will provide proof of eligibility within three business days of the date employment begins.

If employed, I shall willingly comply with all rules and regulations of the Whitman County Library system. I also understand that job placement does not guarantee permanent employment and that employment may be terminated at any time during the probationary period.

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Signature of Applicant
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Date