



# City of Bellingham

## Library Page Application

Human Resources Department  
 210 Lottie Street  
 Bellingham, Washington 98225  
 (360) 778-8220  
 (360) 676-6883 (TTY)

[www.cob.org](http://www.cob.org), Employment

*Build Your Career  
 Serve Your Community*

How did you hear of opening? Choose one:

- |  |  |
|--|--|
| <input type="checkbox"/> City Posting (P)      | <input type="checkbox"/> Friend or Relative (F)                  |
| <input type="checkbox"/> Bellingham Herald (H) | <input type="checkbox"/> Placement Office (E) _____              |
| <input type="checkbox"/> Seattle Times (T)     | <input type="checkbox"/> Professional web site/journal (R) _____ |
| <input type="checkbox"/> City Employee (A)     | <input type="checkbox"/> Other (O) _____                         |
| <input type="checkbox"/> Direct Mailing (M)    | <input type="checkbox"/> City's Web Site (W)                     |

<b>I. Job Info</b>	Job you are applying for: _____	Job #: _____
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<b>II. Personal Information</b>	<b>Complete all information. Incomplete applications may delay or disqualify you.</b>			
	LAST NAME	FIRST NAME	MIDDLE INITIAL	CONTACT PHONE (A weekday number where you can be reached.)
				EMAIL ADDRESS (Optional)
	MAILING ADDRESS (Street or PO Box):		CITY:	STATE/ZIP:
ARE YOU A CURRENT OR FORMER CITY OF BELLINGHAM EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No LIST POSITION(S) AND DATES OF EMPLOYMENT: _____				

**FOR CIVIL SERVICE POSITIONS ONLY**  
 Do you wish to claim Veterans scoring criteria in this examination:  Yes  No  
 Please attach a copy of your DD-214 with application materials if your answer is YES.

<b>III. Education and Training</b>	NAME AND LOCATION (CITY, STATE) OF SCHOOL	CIRCLE YEARS COMPLETED	GRADUATED	YEAR	TYPE OF DEGREE	MAJOR/ CONCENTRATION
	HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	COLLEGE	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	COLLEGE*	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	GRADUATE SCHOOL	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	TECHNICAL SCHOOL	Length of Course	<input type="checkbox"/> Yes <input type="checkbox"/> No			

RELEVANT PROFESSIONAL CERTIFICATES AND/OR LICENSES:

WHAT SPECIAL SKILLS DO YOU HAVE THAT WOULD BE OF VALUE IN THE WORK FOR WHICH YOU ARE APPLYING?

(\*Two colleges listed in the event you attended more than one college.)

<b>IV. References</b>	<b>List names of three people who can comment on your work from their direct observation</b>		
	NAME	RELATIONSHIP	PHONE NUMBER

It is the policy of the City of Bellingham to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, national origin, gender, age, sexual orientation, marital status, and/or disability. Persons with disabilities needing assistance in the application/examination process may call the Human Resources office at (360) 778-8220.

**V. Work History**

List all relevant employment, for last 10 years, most recent employer first. Copy this page and attach additional sheets as necessary.

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #: ( )
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
REASON FOR LEAVING:		NAME USED AT THIS EMPLOYER, IF DIFFERENT	
SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #: ( )
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
REASON FOR LEAVING:		NAME USED AT THIS EMPLOYER, IF DIFFERENT	
SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #: ( )
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
REASON FOR LEAVING:		NAME USED AT THIS EMPLOYER, IF DIFFERENT	
SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

Please read carefully before signing.

**RELEASE**

- To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time.
- I understand that I will be required to provide documentation showing authorization to work in the United States.
- I certify that I am not engaged in any activity or business that could be considered in conflict with the City's interest nor will I become engaged in such activity or business if employed.
- I understand that all applications materials become the property of the City of Bellingham and will not be returned.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THANK YOU FOR YOUR APPLICATION**

**VI. Application Release**

# Temporary Employment Supplemental Information for Library Page

**This information must be completed by each candidate in order to be considered further in this process.**

<b>1. Are you age 18 or older?</b> If under the age of 18, a Parent/School Authorization form must be submitted at the time of hire.	Yes	No
<b>2. What months can you work? (Circle items listed to indicate availability)</b> Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.		
<b>3. What days can you work? (Circle items listed to indicate availability)</b> Mon. Tues. Wed. Thurs. Fri. Sat. Sun.		
<b>4. What hours can you work? (Circle items listed to indicate availability)</b> Days Eves Part-time Full-time		
<b>5. When can you begin work? _____</b>		
<b>6. This position requires the ability to perform the following:</b> <ul style="list-style-type: none"> <li>• Climb Stairs</li> <li>• Reach and place books on overhead shelves</li> <li>• Carry 25 lbs</li> <li>• Kneel and place books on lower shelves</li> <li>• Stand up to 3 hrs</li> <li>• Visual acuity sufficient to perform required work</li> <li>• Stand for up to 3 hours</li> <li>• Hearing sufficient to respond to call-bell</li> </ul>	Yes	No
<b>Are you willing and able to perform the above requirements?</b>		

**I certify that the responses on this form are true and correct to the best of my knowledge. I understand that providing false information is grounds for rejection or dismissal.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

# CITY OF BELLINGHAM APPLICANT DATA INFORMATION SHEET

Applicant's Name: \_\_\_\_\_

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

Job Title/Number: \_\_\_\_\_

**Instructions:** Please print this form and complete. Check where appropriate. Return this form and application materials to:  
**Human Resources Dept., City of Bellingham, 210 Lottie Street, Bellingham, WA 98225**  
**360/778-8220 or Fax: 360/778-8221**

### STATISTICAL REPORTING

Race (check one):     Asian    Black    Hispanic    Native American    White    Other  
 Sex (check one):     Male     Female

**NOTE: Race and sex information is for statistical reporting purposes ONLY and is not used in hiring.**

### APPLICANT STATUS

Candidate ID #:\* 999-99- \_\_\_\_\_ (Last 4 digits of your Social Security number)

1. Applicants are notified of their score and status on our web site, [www.cob.org](http://www.cob.org), Employment, Applicant Status.
2. Information will be updated approximately four weeks after closing date.
3. Each applicant is assigned an ID number to ensure confidentiality. Example: 999-99-1234 (includes last four digits of your Social Security number). This must be included on the Applicant Data Information sheet and returned with your application materials.
4. An explanation of the process will be available at the web address shown above after completion of the process.
5. An update as to the applicant status will be provided for those applying in the process.
6. Applicants may also utilize internet at your local library, contact the Human Resources Department at (360) 778-8220 or come to the office, 2<sup>nd</sup> floor, City Hall, 210 Lottie St., Bellingham, WA if internet access is unavailable to discuss their status in the process.

Are you a current City of Bellingham employee?  Yes    No  
 Are you a former City of Bellingham employee?  Yes    No

### VETERAN'S SCORING CRITERIA (if applicable)

- Honorably discharged from the service.  Yes    No
- Received a discharge from active duty for physical reasons with honorable records.  Yes    No
- I claim 10% preference to be added to my final passing score because **I am not** receiving Veteran's retirement payments.  Yes    No
- I claim 5% preference to be added to my final passing score because **I am** receiving Veteran's retirement payments.  Yes    No

**In order to receive Veteran's points, a copy of your DD-214 must be submitted.**

### CONVICTIONS

Have you ever been convicted, pled guilty or not contested, forfeited bond or bail, been on parole or probation, or served time in prison for any crime other than traffic violations, in the last ten years?  Yes    No

**If yes, explain below.** If necessary, please provide your response on a separate sheet of paper and attach to the Applicant Data Information sheet. Do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than 10 years old.

**A conviction will not necessarily bar you from employment**

Date of Conviction	Charge	Disposition	City, County, State	Remarks

**To the best of my knowledge, the information herein is true and complete. I understand that falsification of information on this form will be grounds for elimination from further consideration; or, if employed, for dismissal at any time. Further, I understand that at time of hire, I will be required to provide documentation showing authorization to work in the United States.**

Applicant Signature  
(revised: 04/08)

Date