



APPLICANT INSTRUCTIONS

Thank you for your interest in Orcas Island Library and the ***Library Director*** position. Kara Turner, Turner HR Services, Inc. will be assisting us in this very important selection process.

In order to be considered for the position, we ask that you review the position announcement and complete the following application packet:

1. Orcas Island Library Application Form (below)
2. Minimum Qualifications Checklist (below)
3. Resume and cover letter (2 pages or less) addressing the following questions:
 - *Why are you interested in being the next Library Director and relocating to our community?*
 - *What qualities, traits and experiences qualify you for this role?*

Please submit completed materials by email to kara@turnerhrservices.com. First consideration given to application packets received by **5pm on 3/28/22**. Position will remain open until filled.

Questions regarding materials may be referred to Kara Turner by email or phone (360) 739-5531.

Orcas Island Library is an Equal Opportunity Employer

MINIMUM QUALIFICATIONS CHECKLIST

Library Director

QUALIFICATIONS	Yes	No
I have a Master of Library Science (MLS or MLIS) degree from an American Library Association-accredited school.		
I have five or more years of progressively responsible professional Library experience, including three years of management and administration experience in a leadership role <i>preferred</i> . # of years experience supervising: Largest # of employees directly supervised at one time: Largest budget managed:		
I have worked effectively with governing boards, community groups, and elected officials <i>preferred</i> .		
I have knowledge of prevailing management principles and practices as they relate to the administration of public libraries.		
I have knowledge and ability to work with staff to assess community needs and plan and develop effective library services.		
I have the ability to meet the special requirements including obtaining a valid Washington State driver’s license by the time of hire for work-related travel, pass the background check and provide proof of vaccination against COVID.		
I meet all other “Qualifications” as listed in the job description. If not, please describe:		

I hereby certify that all statements made above are true and correct.

Signature

Date

Print Name



Orcas Island Library District
 500 Rose Street
 Eastsound, Washington 98245
 Phone (360) 376-4985
 Fax (360) 376-5750
 E-mail: pheikkinen@orcaslibrary.org

APPLICATION FOR EMPLOYMENT

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POSITION APPLIED FOR		DATE OF APPLICATION	
LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS (P.O. Box or Street)		(City)	(State) (Zip Code)
TELEPHONE NUMBER(S) ()		E-MAIL ADDRESS	

Have you ever used a different name for school or employment?
 Yes ___ No ___
 If yes, what name(s) _____

Does Orcas Island Library District employ any relatives of yours?
 Yes ___ No ___
 If yes, whom and the relationship:

Are you 16 years of age or older? Yes ___ No ___

Are you 21 years of age or older? Yes ___ No ___

Do you have the legal right to work in the United States?

Yes ___ No ___ (Proof of citizenship or immigration status required upon employment.)

Have you ever been dismissed, discharged, fired or asked to resign from a position Yes ___ No ___

If yes, please explain:

Do you possess a valid driver's license? Yes ___ No ___
 State _____ License# _____

On what date would you be available for work? _____

Are you available to work?
 ___ Full-time ___ Part-time ___ Temporary

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

Type or print clearly in dark ink. If you need more space for an answer, use a sheet of paper the same size as this page.

SUBMIT A SEPARATE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING. AN ORIGINAL SIGNATURE IS REQUIRED FOR EACH APPLICATION SUBMITTED.

Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for this position. Be sure you meet the minimum qualifications set forth in the announcement.

Your completed application is an important source of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking. Resumes may be attached but will not be accepted as a substitute for completing this application form.

THE SELECTION PROCESS

Upon the close of the application period, all applications received will be reviewed to ascertain that each applicant meets the minimum qualifications for the position.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify the Director of the Orcas Island Library District (360) 376-4985 at the time of application.

If you are selected for an interview, you will be contacted by phone.

Applications must be received (or postmarked) on or before the posted closing date and time.

SPECIALIZED SKILLS / EQUIPMENT OPERATED

EDUCATION

Personal Computer
 Word Processing (WPM _____)
 Spreadsheets
 E-mail
 Other: _____
 Other: _____
 Typewriter (WPM _____)
 Copy Machine
 FAX Machine
 Calculator
 Camera/Video Camera
 Maps
 GPS Equipment
 Measuring Tools
 Hand Tools
 Power Tools
 Heavy Equipment/
 Machinery
 Other: _____

<input type="checkbox"/> YES High School Graduate/GED Certificate <input type="checkbox"/> NO If no, indicate grade completed _____			
<input type="checkbox"/> Vocational/Technical School		Hrs. Completed	
Major Field:			
<input type="checkbox"/> Business College:		Hrs. Completed	
Major Field:			
UNDERGRADUATE		GRADUATE	
School(s)		School(s)	
Major Field(s)		Major Field(s)	
Hours Completed		Hours Completed	
Semester:	Quarter:	Semester:	Quarter:
Degree(s) Received:			
1. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert.No.	Issue Date	Exp.
2. License/Certificate issued by:			
Field/Trade/Specialization	Lic./Cert.No.	Issue Date	Exp.

REFERENCES:

Please list three professional references we can contact who are able to evaluate your job-related knowledge and abilities. Please include at least one supervisor (past or present) that we may contact.

	1	2	3
Name			
Title			
Company			
Phone			

EMPLOYMENT HISTORY:

Please complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs. List present or last employer first:

1 Employer	Type of Business	Job Title
Employer Address		Telephone No. ()
Dates: (Mo/Yr) From: To:	Supervisor Name/Title/Contact Info	
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties/Responsibilities	Do not write in this area YRS MO	

2 Employer	Type of Business	Job Title
Employer Address		Telephone No. ()
Dates: (Mo/Yr) From: To:	Supervisor Name/Title/Contact Info	
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Duties/Responsibilities	Do not write in this area YRS MO	

3 Employer	Type of Business	Job Title
Employer Address		Telephone No. ()
Dates: (Mo/Yr) From: To:	Supervisor Name/Title/Contact Info	
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week [] Full-time [] Part-time	
Duties/Responsibilities	Do not write in this area YRS MO	

4 Employer	Type of Business	Job Title
Employer Address		Telephone No. ()
Dates: (Mo/Yr) From: To:	Supervisor Name/Title/Contact Info	
May we Contact?	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week [] Full-time [] Part-time	
Duties/Responsibilities	Do not write in this area YRS MO	

For additional experience blocks, please use continuation sheet of paper the same size as this page.

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. Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States. I give the Orcas Island Library District the right to investigate all references and to secure and release information about me, if job related. I hereby release from liability the Orcas Island Library District and its representatives for seeking and releasing such information and all other persons, corporation or organizations for furnishing such information. Finally, I understand that employees are considered at-will, meaning the employee or the organization is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.

Signature of Applicant

Date

Offer Accepted _____
Pre-employment Background Check _____ (if applicable)
Job Title _____ Pay Rate _____
Director Approval _____