



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this employer and employment opportunities will NOT be limited because of race, color, religion, sex, marital status, veteran status or nationality and will be so applied. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age (40 and over). This employer complies with the Americans with Disabilities Act (ADA) and will make a reasonable accommodation to a worker or applicant with a known disability when requested to make an accommodation.

DRUG POLICY

It is the policy of this employer to maintain a drug free work place. If you are affected by or become an abuser of drugs or alcohol you may ask your supervisor or department head for help. Employees who are observed to be illegally in possession of, using, or under the influence of controlled substances (drugs) or alcohol in the work place shall be subject to discipline, which may include termination.

(PLEASE PRINT)

Position(s) Applied for		Date of Application	
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number(s)		Email Address	

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
If Yes, give date _____
- Have you ever been employed with us before? Yes No
If Yes, give date _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.
- On what date would you be available for work? _____
- Are you available to work: (check all that apply) Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment
If Yes, please explain _____

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EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience, and indicate any foreign language you can speak, read or write.

SPECIALIZED SKILLS Check Skills/Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Microsoft Excel	Production/Mobile or Construction Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3		
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____
<input type="checkbox"/> Microfiche		_____	_____
<input type="checkbox"/> Microsoft Word		_____	_____
<input type="checkbox"/> Microsoft Access		_____	_____

Describe any job-related training received in the United States Military.

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Reason for Leaving			
2.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Reason for Leaving			
3.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Reason for Leaving			
4.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal age, race, color, religion, gender, martial status, national origin, disabilities or other protected status.

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APPLICANT SIGNATURE, AUTHORIZATION AND AGREEMENT

I, the below signed, make this application as an inducement to this Employer to employ Applicant. I have read this completed application, including Equal Opportunity Statement and I certify that entries made by me are without omission and are a full, truthful account of my present and past stations. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this form and other material I have provided. Any false or misleading statement or entry on this form and other material I have provided is cause sufficient for my immediate termination, if I am employed.

NO CONTRACT

I understand that if employed, I am employed **AT WILL** and that no contract between myself and this Employer is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve the right to terminate my employment at any time and the Employer has the same right at any time.

I agree to physical or other testing when such testing is reasonably necessary in determining job related abilities or reasonable expectation of successfully performing the job to the Employer's standards. I agree to abide by Employer's rules and policies including the prohibition against any form of sexual or other harassment of another employee or citizen. I agree to abide by the Equal Opportunity Statement and Drug Policy printed on the first page of this application. I agree to participate in Employer sponsored benefit programs. My signature certifies that I have read this application in detail and am in complete agreement with the contents.

Signature of Applicant

Date

**ISLAND COUNTY HUMAN RESOURCES
PO BOX 5000
COUPEVILLE, WA 98239**

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AUTHORIZATION TO RELEASE INFORMATION

1. _____ 2. _____
Print Name of Applicant Date

I authorize any person, corporation, company, agency or other entity, whose name and address I provided in my application or other materials I have provided to Island County Washington, to release information.

AUTHORIZATION

I, the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment oriented information requested by this Employer, or their agents, who bears this authorization and to whom I have provided with your Name and Address as a reference.

RELEASE

I the above applicant, the below signed, hereby **RELEASE AND HOLD HARMLESS** the above referenced person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the above named person, corporation, company or other entity from complying with my request to fully and competently comply with the investigation, inquiry or interest of this Employer to whom I have made an Application of Employment and is the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy by photo reproduction or an electronically transmitted facsimile.

Signature

Witness

Witness Address _____
