



Town of Friday Harbor
 PO Box 219 / 60 Second Street
 Friday Harbor, WA 98250
 (360) 378-2390

Date stamp

EMPLOYMENT APPLICATION

Position applied for

| GENERAL INFORMATION | | |
|---|------------------|-------------------|
| Name (last, first, middle) | | |
| Mailing Address | City, State, ZIP | |
| Street Address | City, State, ZIP | |
| Home Phone No. | Work Phone No. | Message Phone No. |
| If hired, can you provide proof of U.S. Citizenship, Visa, or Alien Registration Number? Yes _____ No _____ | | |

| TRAINING AND EDUCATION | | | |
|----------------------------------|---|---|----------------|
| Name and location of high school | Did you graduate? Yes _____ No _____ | If not, have you passed a G.E.D. test? Yes _____ No _____ | |
| Colleges/other training | Major/subject | Degree/certificates | Date completed |
| | | | |
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| ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying | | |
|--|--------------------|--------------------|
| SKILL | TYPE OF EXPERIENCE | LEVEL OF EXPERTISE |
| Office equipment, computers, software, (typing speed, programs, etc.) | | |
| Technical skills, professional licenses | | |
| Heavy equipment, machinery | | |
| Other | | |

The Town of Friday Harbor is an Equal Opportunity Employer

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if you are submitting a resume in addition to this application.

| | | | |
|---------------------------------------|-------------------|---|--------------------------------|
| Employer | | Date employed (mo/yr) | To |
| Address/City/State | | Supervisor | |
| Phone | Hours worked/week | Starting Salary | (Hourly/Weekly/Monthly/Yearly) |
| Position | | Last salary | (Hourly/Weekly/Monthly/Yearly) |
| Primary duties | | | |
| Number of employees supervised by you | | May we contact this employer? | Supervisor's phone |
| Reason for leaving | | Name used at this employer, if different: | |

| | | | |
|---------------------------------------|-------------------|---|--------------------------------|
| Employer | | Date employed (mo/yr) | To |
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| Reason for leaving | | Name used at this employer, if different: | |

PROFESSIONAL REFERENCES Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.

| Name | Place of employment/title | Phone |
|------|---------------------------|-------|
| | | |
| | | |
| | | |

| BACKGROUND INFORMATION | |
|--|-------------------------|
| EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS | |
| Do you have a valid driver's license? State _____ Yes <input type="checkbox"/> No <input type="checkbox"/> | Drivers License # _____ |
| (If position applied for involves driving) Have you been convicted, pleaded no contest or paid a fine for any traffic violations in the past three (3) years? Yes ___ No ___ If yes, please explain: | |

| ADDITIONAL INFORMATION | |
|---|----------------------|
| List the names of any relatives working for us | Relationship |
| If your application is considered favorably, on what date will you be available for work? | Rate of pay expected |
| How/where did you hear about the position you are applying for: (Check one) | |
| <input type="checkbox"/> Friend or relative <input type="checkbox"/> Town employee <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Town web site <input type="checkbox"/> Other means, please specify _____ | |

| REASONABLE ACCOMMODATION |
|---|
| After reviewing the essential job functions from the attached position description, are you able to do them with or without reasonable accommodation? Yes _____ No _____ |
| The Town is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The Town may conduct a pre-employment physical exam which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public. |

| | |
|--|-------------|
| <p><i>By my signature below, it is understood and agreed that the information in this employment application, including attachments, is true and complete to the best of my knowledge, and that my falsification of this information will be grounds for elimination from further consideration or, if employed, for dismissal. I authorize my previous employers to furnish the Town of Friday Harbor my appropriate employment records, reason for leaving and all information they may have concerning me and I hereby release them and the Town of Friday Harbor from all liability for any damage whatsoever arising therefrom. In addition, I hereby authorize the Town of Friday Harbor or an independent investigating agency to conduct a thorough investigation of my personal and professional background, including credit, criminal, and driving records.</i></p> | |
| _____ | _____ |
| <i>Signature of Applicant</i> | <i>Date</i> |

The Town of Friday Harbor is an Equal Opportunity Employer

The Town of Friday Harbor does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or veteran status, political affiliation, or any other legally protected status.