



SKAGIT COUNTY APPLICATION FOR EMPLOYMENT OR PROMOTION

SKAGIT COUNTY IS AN E.E.O. EMPLOYER

For assistance in completing the application
form contact the Human Resources Department

Position Applied For _____

Department _____

Date of Application _____

FIRST NAME	M. INITIAL	LAST NAME		
STREET ADDRESS	CITY	STATE	ZIP	SS# (optional)
PHONE (HOME)	PHONE (CELL)		PHONE (WORK)	
EMAIL ADDRESS				
Are you now or have you ever been employed by Skagit County?				
No Yes If yes, department _____ Date (s) _____				

- Are you known to schools/references by another name? No Yes Name: _____
- Are you able to work? Full-time Part-time Shifts Temp. On-Call
- Do you have relative(s) employed by Skagit County: No Yes If yes, Name(s): _____
(There are some limitations on the employment of relatives. Relationship(s): _____
 Each case is considered separately for potential conflict of interest.) Department(s): _____
- Do you possess a valid driver's license? No Yes Drivers License Number: _____
(A valid driver's license is required only where stated on the job announcement.)
- Have you ever been convicted of a felony or served time in prison during the last seven years? No Yes
If yes, explain each conviction on an attached sheet & include (1) date (2) charge (3) place (4) action taken.
 (A conviction is not an automatic bar to employment. Each case is considered separately.)
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation? No Yes
 If testing is required, will you need an accommodation for the testing process? No Yes

EDUCATION									
Name of High School Attended		City		State		Graduate?		G.E.D.?	
						Yes No		Yes No	
College – Names of Colleges or Universities			Major	Dates Attended		Full Years	Degrees		Dates
				From / To		Completed	Title		
List any vocational or on-the-job training you have completed which would be useful in the position you are applying for:									
List any licenses you hold which are necessary or useful in this position. Give kind of license, issuing state and expiration date.									

Please give name, address and telephone number of three references not related to you.

EMPLOYMENT HISTORY. Start with present or last job and work back. Include military service and periods of unemployment of a month or more. Include appropriate volunteer experience. **Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience, or your status as an employee, if hired.**

Employed by: (Agency or Firm)		Your Duties:	
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Supervisor's Telephone No. ()			
Employed From (Mo./Yr.)	To (Mo/Yr.	Reason For Leaving:	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	
May we contact this employer		No Yes	

Employed by: (Agency or Firm)		Your Duties:	
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Supervisor's Telephone No. ()			
Employed From (Mo./Yr.)	To (Mo/Yr.	Reason For Leaving:	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	
May we contact this employer		No Yes	

Employed by: (Agency or Firm)		Your Duties:	
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Supervisor's Telephone No. ()			
Employed From (Mo./Yr.)	To (Mo/Yr.	Reason For Leaving:	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	
May we contact this employer		No Yes	

Employed by: (Agency or Firm)		Your Duties:	
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Supervisor's Telephone No. ()			
Employed From (Mo./Yr.)	To (Mo/Yr.	Reason For Leaving:	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	
May we contact this employer		No Yes	

Employed by: (Agency or Firm)		Your Duties:	
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Supervisor's Telephone No. ()			
Employed From (Mo./Yr.)	To (Mo/Yr.	Reason For Leaving:	
Starting Salary \$	Final \$	Avg. Hrs./Wk.	
May we contact this employer		No Yes	

Attach supplemental sheets, if required.

<p>AUTHORIZATION AND CERTIFICATE</p> <ul style="list-style-type: none"> I authorize Skagit County at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligibility list, or if I have been appointed, cause my dismissal from Skagit County. I understand all statements made on this application may be investigated. Federal Law requires anyone employed by the County to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization. I understand that any offer of employment is contingent upon my agreeing to submit to and obtaining satisfactory results from a pre-employment urine drug screen. A physical examination may also be required for specific positions. All candidates should be advised to consider delaying notice of resignation to a present employer or refrain from rejecting other employment offers until contingencies upon which Skagit County's offer was made have been satisfied. 	
Date: _____	Signature: X _____