

APPLICATION FOR EMPLOYMENT



The Town of Wilkeson is an Equal Opportunity Employer

POSITION APPLIED FOR: _____

(AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU)

P.O. Box 89 Wilkeson, WA 98396 • (360) 829-0790 • FAX (360) 829-4292

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: HOME: _____ CELL (Optional): _____ WORK: _____

E-MAIL (Optional): _____ ARE YOU 18 YEARS OR OLDER? YES NO

DATE AVAILABLE FOR WORK: _____

ARE YOU A CURRENT OR FORMER EMPLOYEE OF WILKESON? _____

POSITION/DEPT: _____ DATES: _____

RELATIVES EMPLOYED BY THE CITY OF WILKESON: _____

RELATIONSHIP: _____ DEPT: _____

ARE THERE ANY REASONS FOR WHICH YOU MIGHT NOT BE ABLE TO PERFORM THE JOB DUTIES (WITH REASONABLE ACCOMADATIONS)?

YES NO

TYPE OF WORK DESIRED: FULL TIME PART-TIME TEMPORARY SUMMER JOB SHARE

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	COURSE OF STUDY	# OF YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL OR G.E.D.				
BUSINESS OR TECHNICAL				
UNDERGRADUATE STUDIES				
GRADUATE STUDIES				
OTHER COURSES AND TRAINING				

PROFESSIONAL LICENSES/CERTIFICATIONS (please list):

WORK HISTORY: Beginning with your present or most recent employment, list your work experience history; referral to resume not acceptable. Include any non-paid experience which is related to the job for which you are applying.

EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU : _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

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EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU : _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

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EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU : _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

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EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU : _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____
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**Town of Wilkeson
Reference Checking Authorization**

Please list three professional references we could call regarding your ability to perform in this position. **You will be notified before your references are called.**

(1) Name _____ Phone _____

Company Name _____

Professional Relationship: Current Supervisor Former Supervisor
 Current Co-worker Former Co-worker
 Other: _____

(2) Name _____ Phone _____

Company Name _____

Professional Relationship: Current Supervisor Former Supervisor
 Current Co-worker Former Co-worker
 Other: _____

(3) Name _____ Phone _____

Company Name _____

Professional Relationship: Current Supervisor Former Supervisor
 Current Co-worker Former Co-worker
 Other: _____

Reference Checking Release

I, _____, authorize the Town of Wilkeson to contact the references I have provided above as part of my application for employment with the Town of Wilkeson. I agree that I will not request the Town of Wilkeson to disclose to me the information obtained from my references. I authorize any of the references to discuss with the Town of Wilkeson my employment history, including my awards and commendations, disciplinary action or reasons for termination. I also agree that I will not bring any claims against the Town of Wilkeson or its employees, or any of the employers or individuals I have listed as my references, based on information provided to the Town of Wilkeson.

Signature: _____

Date: _____

GIVE THE NUMBER OF YEARS EXPERIENCE OR TRAINING IN EACH OF THE FOLLOWING SOFTWARE APPLICATIONS (IF APPROPRIATE TO THE JOB APPLIED FOR):

(PLEASE SPECIFY PROGRAMS)

SOFTWARE APPLICATION	YRS OF EXP./ TRAINING	PROGRAMS
Word Processing <i>(e.g., MS Word)</i>		
Presentation/Publishing <i>(e.g., PowerPoint, Publisher)</i>		
Spreadsheet <i>(e.g., MS Excel)</i>		
Permit Management		
Website Development		

SOFTWARE APPLICATION	YRS OF EXP./ TRAINING	PROGRAMS
E-mail/Calendar <i>(e.g., MS Outlook)</i>		
Database Management <i>(e.g., Access)</i>		
Project Management		
Accounting		
Other		

10 Key/Calculator YES NO

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.

Signature of Applicant

Date

The Town of Wilkeson is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job. A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

Have you been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the last three (3) years?

YES NO

If yes, please explain:

HOW DID YOU FIRST LEARN OF POSITION OPENING? *(Please identify source)*

Referral (Name) _____

Town of Wilkeson Website

Other Website: _____
(Name)

TNT/ South Sound Classifieds

Enumclaw/Bonney Lake Courier Herald

Other Publication: _____
(Name)

Association of Washington Cities (AWC) Jobnet