

Town of Steilacoom
Human Resources Department
2301 Worthington Street, Steilacoom, WA 98388
Tel.: 253 581-1076 - FAX 253 588-5151

The Town of Steilacoom 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. Federal law requires anyone employed by the Town to present proof of authorization to work in the United States. (Most employees use a Social Security Card and Driver's License). If you need special accommodation during the selection process, please contact the Human Resources Department.

EMPLOYMENT APPLICATION

Note: An incomplete application may delay action or disqualify you. Please type or print clearly.

Position desired: _____ full-time part-time temporary

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone - Home: () _____ Work: () _____

Email Address: _____

Do you have any relative who is presently employed by the Town? If yes, please give name: _____

Education and Training:

High School Graduate or General Education Development test passed? yes no If "no" - highest grade completed: _____
Colleges, Vocational or Technical School, Training Centers (List Names and types of degree or certification)

_____	_____
_____	_____
_____	_____
_____	_____

Office Skills: Enter number of years of experience in the space next to each skill!

Spreadsheet: Word Processing: Data Entry: 10-Key Calculator:

Equipment Skills: Describe your equipment operation skills related to the job for which you are applying!

Licenses: List licenses you possess which would be useful in the position for which you are applying!

Can you perform the **essential functions** of the position applied for with or without reasonable accommodations? yes no

U.S. Military Record: Have you served in the U.S. Armed Forces? yes no If yes, please give dates of service: _____

Note: Some positions may require the Town to investigate criminal convictions relative to the applicant's fitness to perform the job for which they are applying. Such convictions may not necessarily bar the applicant from employment with the Town.

Work Experience: *Start with your most recent experience and add pages if needed!*

Employer's Name: _____ From _____ To _____
Month/Year Month/Year
Address: _____ Supervisor _____
Phone: (_____) _____ Hours worked per week _____
Position: _____ May we contact this employer now? yes no
Primary Duties: _____
Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year
Address: _____ Supervisor _____
Phone: (_____) _____ Hours worked per week _____
Position: _____ May we contact this employer now? yes no
Primary Duties: _____
Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year
Address: _____ Supervisor _____
Phone: (_____) _____ Hours worked per week _____
Position: _____ May we contact this employer now? yes no
Primary Duties: _____
Reason for Leaving: _____

Employer's Name: _____ From _____ To _____
Month/Year Month/Year
Address: _____ Supervisor _____
Phone: (_____) _____ Hours worked per week _____
Position: _____ May we contact this employer now? yes no
Primary Duties: _____
Reason for Leaving: _____

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

I authorize all previous employers to furnish the Town of Steilacoom with my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Town of Steilacoom from all liability or any damage whatsoever arising therefrom. (Failure to sign does not bar consideration for employment.)

Signature Date

Signature Date