

Town of Eatonville

201 Center St W – PO Box 309, Eatonville WA 98328

Phone: 360-832-3361 – Fax: 360-832-3977

The Town of Eatonville 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 of Eatonville to present proof of authorization to work in the United States. (Most employees use a social security card and Drivers License). If you need special accommodation during the selection process, please contact the Town Hall.

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: (____) _____ Cell: (____) _____

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 _____

Have you been convicted of a criminal offense within the past ten years? Yes _____ No _____

Note: Although the Town may investigate criminal convictions that related to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with the Town.

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

Where did you hear about this position? _____

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: _____ Last Salary: _____

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: _____ Last Salary: _____

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: _____ Last Salary: _____

Position: _____ May we contact this employer now? Yes ____ No ____

Primary Duties: _____

Reason for leaving: _____

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

Signature

Date

Signature

Date