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: (•	· · · ·	(Zip code)				
Do you have any relative who is presently employed by the To-	wn? 11 yes, piease give	e name:						
Education and Training:								
High School Graduate or General Education Development test	passed? Yes	No If "r	o"- highest grade com	pleted:				
Colleges, Vocational or Technical School, Training Centers (Li	ist names and types of	degree or certific	ation)					
Office Skills: Enter number of years of experience in the space	e next to each skill:							
Spreadsheet: Word Processing: Data Entry:	10-Key Calcu	ılator:						
Equipment Skills: Describe your equipment operation skills re			ino					
Equipment oxins. Describe your equipment operation skins to	clated to the job for wi	nen you are appry	mg.					
Licenses: List licenses you possess which would be useful in the	he position for which y	you are applying.						
Can you perform the essential functions of the position applied	for with or without re	asonable accomm	odations ? Yes	No				
U.S. Military Record: Have you served in the U.S. Armed Force	ces? Yes No _	If yes, please	e give dates of service:					
Where did you hear about this position?								

Employer's Name:		From:	Month/Year	To: Mor	
-			Month/Year	Mor	nth/Year
Address:			Supervisor:		
Phone: ()	Hours worked p	er week: _		Last Salary:	
Position:			May we contact this e	mployer now? Yes	No
Primary Duties:					
Reason for leaving:					
Employer's Name:		From:	Month/Year	To: Mor	nth/Year
Address:			Supervisor:		
Phone: ()	Hours worked p	er week: _		Last Salary:	
Position:			May we contact this e	mployer now? Yes	No
Primary Duties:					
Reason for leaving:					
Employer's Name:					
			Month/Year	Mor	nth/Year
Address:			Supervisor:		
Phone: ()	Hours worked p	er week: _	1	Last Salary:	
Position:	 		May we contact this e	mployer now? Yes	No
Primary Duties:					
Reason for leaving:					
I hereby certify that all the information on this apunderstand that erroneous information on this apin the removal of my name from consideration for result in termination of any employment. I under information may be subject to verification.	plication may result or employment or may	with my concerning from all	ze all previous employor record, reason for leaving me, and I hereby rel liability or any damage oes not bar consideration	ing and all information ease them and the Tov whatsoever arising th	n they may hav vn of Eatonvil