



JEFFERSON COUNTY EMPLOYMENT APPLICATION

Jefferson County Commissioners' Office
PO Box 1220, Port Townsend, WA 98368
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E-Mail: jeffbocc@co.jefferson.wa.us

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____ Date: _____

Mailing Address: _____ Home Phone: _____

City, State, Zip _____ Business Phone: _____

Have you ever applied for employment with Jefferson County? YES NO

If yes: Month & Year _____ Department: _____

Position Applying For:	Department:	Pay Expected:
Are you available for full time work? If not, what hours or schedule can you work?		You may need to work overtime. Will such a requirement create a problem for you?
Are you legally eligible for employment in the United States? If no, please give reason. If under 18 years of age do you have a work permit?		When will you be available to begin work?

Do you have a valid Washington State Driver's License? If yes, list the number: _____
Do you have a valid Washington State CDL? If yes, list the number and the class: _____

Do you have relatives working for Jefferson County? YES NO How did you learn of this position? _____

If yes, give name, relationship and Department: (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Name: _____	Relationship: _____	Co. Department _____
Name: _____	Relationship: _____	Co. Department _____
Name: _____	Relationship: _____	Co. Department _____

Have you ever worked for or are you acquainted with other County employees? If yes, please identify. YES NO

Name: _____	Co. Department _____
Name: _____	Co. Department _____
Name: _____	Co. Department _____
Name: _____	Co. Department _____
Name: _____	Co. Department _____

Any misrepresentation or omission made by me on this form or any supplement will be sufficient grounds for immediate termination.
Employment Application - Revised May 2018 - Page: 1

EDUCATION

Type of School	Name & Location of School	Course of Study	Yrs. Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS

I. OFFICE

Keyboarding Speed: _____ words per minute

Do you have any computer experience?
(Check all that apply)

Personal Computer
 PC on Network
 Main Frame Terminal

a) Level of Skill -
 Beginner
 Proficient
 Advanced

b) Years of Operating Experience _____

c) What software programs have you used?
 MS Word
 Other word processing program(s)--List

MS Excel
 Other spreadsheet program(s)--List

Database Program(s) - List

Windows

E-mail (list)

Publishing Program(s) list

II. EQUIPMENT OPERATIONS OR TRADE SKILLS

Microsoft Certified Professional (MCP) in 2000 or 2003 Server
 Other (list)

Membership in Professional/Civic Organizations or Military Experience

(Exclude those which may disclose your race, color, religion, or national origin)

EMPLOYMENT HISTORY

When listing former employers start with your most recent employer.

1. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

2. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

3. Company Name

Address:

Telephone (include Area Code)

Employed (State Month & Year)

From:

To:

Name of Supervisor

Pay

Per Hour

Per Month

Per Year

Start \$

Last \$

Hours worked week

Reason for Leaving

Job Title

Describe your work.

In evaluating your application we may contact the employers listed above unless you list below those you do not want us to contact and state the reason why we should not contact them. Do Not contact Employer number _____

Reason: _____

DRUG POLICY

It is the policy of the Employer to maintain a drug free workplace. Employees who are observed in possession or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor.

EQUAL OPPORTUNITY STATEMENT

Equal opportunity is the policy of this Employer and employment opportunities will NOT be limited because of race, color, religion, sex, or nationality and will be so applied. This Employer affirmatively seeks to employ and advance qualified Veterans of Vietnam and recent conflict as identified in Federal Law and disabled Veterans. Hiring, promotions, lay-off, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The Employer abides by the principles of the Age Discrimination in Employment Act (ADEA) and does not unlawfully discriminate on the basis of age. This Employer complies with the Americans with Disabilities Act (ADA) when requested to make an accommodation.

NO EMPLOYMENT CONTRACT

I, understand that if employed, I am employed AT WILL and that no contract between myself and this Employer is created except the agreement on disputes below, by completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve my right to terminate my employment at any time and the Employer has the same right at any time.

SIGNATURE AND ACKNOWLEDGMENT

I, the below signed, make this application as an inducement for this Employer to employ me. I have read this completed application, including Equal Opportunity Statement and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to this Employer to make a thorough, vigorous investigation of all entries made on this form by me and other material I have provided. Any false or misleading statement or entry on this form and other material I have provided IS cause sufficient for my immediate termination, if I am employed. I agree to payroll deduction of overpayments made to me.

Date:

This is a legal document, read it carefully before signing.

Applicant's Signature

AUTHORIZATION TO RELEASE INFORMATION

Print Name of Applicant:

Date:

I authorize any person, corporation, company, agency, or other entity, whose name and address I provide in my application or other materials I have provided to Jefferson County, to release information.

AUTHORIZATION

I, the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by Jefferson County, or their agents, who bear this authorization and to whom I have provided your name and address as a reference.

RELEASE

In consideration for assisting me in my application for employment, I the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the reference recipient person, corporation, company or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company, or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this Employer to whom I have made an application for Employment and the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this application and other material I have provided.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

This is a legal document, read it carefully before signing.

Applicant's Signature:

Witness' Signature:

Witness' Address:

PERSONAL REFERENCES (Optional)

Name:	Address:	Phone:

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Employment Application - Revised May 2018 - Page: 5

AFFIRMATIVE ACTION DATA

Name: _____

TITLE OF JOB YOU APPLIED FOR: _____

Department: _____

Date: _____

It is the policy of Jefferson County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of any mental or physical disability.

To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

Ethnic Category (Choose only one.)

White (not Hispanic origin) -- those having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (not of Hispanic origin) - those having origins in any of the Black racial groups of Africa.

Hispanic - those of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin regardless of race.

Asian or Pacific Islanders - those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Island.

American Indian or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AGE: _____

SEX _____

Marital Status _____

Are You Disabled? (if yes, please explain)
