



**San Juan County
Administration Office / Human Resources**

350 Court Street, #5 (mail)
55 Second Street, Room 206 (office location)
Friday Harbor, Washington 98250
Phone (360) 370-7402
Fax (360) 370-5085
E-mail: hr@sanjuanco.com

APPLICATION FOR EMPLOYMENT
San Juan County is an Equal Opportunity Employer

POSITION APPLIED FOR	DATE OF APPLICATION
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LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS (P.O. Box or Street) (City) (State) (Zip Code)		
TELEPHONE NUMBER(S)	E-MAIL ADDRESS	

- Have you ever used a different name for school or employment?
Yes No
If yes, what name(s)
- Have you ever been employed by San Juan County?
Yes No
If yes, give date-of-separation or state "present employee".
- Does San Juan County employ any relatives of yours?
Yes No
If yes, whom and the relationship:
- Are you 16 years of age or older? Yes No
- Are you 21 years of age or older? Yes No
- Are you a United States citizen? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No (Proof of citizenship or immigration status required upon employment.)
- Do you possess a valid driver's license? Yes No
State License #
- Have you ever been convicted of a felony? Yes No
If, yes, explain and provide dates:

(A conviction record will not necessarily be a bar to employment.)
- On what date would you be available for work?
- Are you available to work:
Full-time Part-time Temporary

**INCOMPLETE
APPLICATIONS WILL NOT
BE ACCEPTED
PLEASE READ THESE
INSTRUCTIONS BEFORE
COMPLETING THIS APPLICATION**

Type or print clearly in dark ink. If you need more space for an answer, use a sheet of paper the same size as this page.

**SUBMIT A SEPARATE
APPLICATION FOR EACH
POSITION FOR WHICH YOU ARE
APPLYING. AN ORIGINAL
SIGNATURE IS REQUIRED FOR
EACH APPLICATION SUBMITTED.**

Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for this position. Be sure you meet the minimum qualifications set forth in the announcement. **Applications must be received (or postmarked) on or before the closing date and time.**

Your completed application is the primary source of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking. Resumes may be attached but will not be accepted as a substitute for completing this application form.

Upon the close of the application period, all applications received will be reviewed to ascertain that each applicant meets the minimum qualifications for the position.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify Human Resources at (360) 370-7402 at the time of application.

If you are selected for an interview, you will be contacted by phone.

**SPECIALIZED SKILLS /
EQUIPMENT
OPERATED**

Personal Computer Word Processing WPM: Spreadsheets E-mail Other: Other:
Typewriter WPM:
Copy Machine
FAX Machine
Calculator
Camera/Video Camera
Maps
GPS Equipment
Measuring Tools
Hand Tools
Power Tools
Heavy Equipment/ Machinery
Other:

EDUCATION

YES High School Graduate/GED Certificate? NO If no, indicate grade completed

Vocational/Technical School Major Field:	Hrs. Completed
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Business College Major Field:	Hrs. Completed
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UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Hours Completed	Hours Completed
Semester: Quarter:	Semester: Quarter:
Degree(s) Received:	

1. License/Certificate issued by:
Field/Trade/Specialization Lic./Cert.No. Issue Date Exp.Date
2. License/Certificate issued by:
Field/Trade/Specialization Lic./Cert.No. Issue Date Exp.Date

Describe your skills, knowledge & abilities that qualify you for this position. *(Please refer to "Minimum Qualifications" for the position.)*

REFERENCES:

Please list three professional references we can contact who are able to evaluate your job related knowledge and abilities. Please include at least one supervisor (past or present) that we may contact.

	1	2	3
Name			
Title			
Company			
Phone			

EMPLOYMENT HISTORY:

Please complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs. Explain any gaps in employment.

List present or last employer first:

1 Employer	Type of Business	Job Title
Employer Address		Telephone No.
Dates: (Mo/Yr) From: To:	Supervisor Name/Title	Pay: Starting Final
May we Contact? Yes No	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week Full-time Part-time	
Duties/Responsibilities		Do not write in this area YRS MO

2 Employer	Type of Business	Job Title
Employer Address		Telephone No.
Dates: (Mo/Yr) From: To:	Supervisor Name/Title	Pay: Starting Final
May we Contact? Yes No	Reason for leaving	
If you supervised employees, please indicate number and give dates No. From (Mo/Yr) To (Mo/Yr)	Check one: Hours per week Full-time Part-time	
Duties/Responsibilities		Do not write in this area YRS MO

3 Employer	Type of Business	Job Title
Employer Address		Telephone No.
Dates: (Mo/Yr) From: _____ To: _____	Supervisor Name/Title	Pay: Starting _____ Final _____
May we Contact? Yes _____ No _____	Reason for leaving	
If you supervised employees, please indicate number and give dates No. _____ From (Mo/Yr) _____ To (Mo/Yr) _____	Check one: Hours per week Full-time _____ Part-time _____	
Duties/Responsibilities		Do not write in this area YRS _____ MO _____

4 Employer	Type of Business	Job Title
Employer Address		Telephone No.
Dates: (Mo/Yr) From: _____ To: _____	Supervisor Name/Title	Pay: Starting _____ Final _____
May we Contact? Yes _____ No _____	Reason for leaving	
If you supervised employees, please indicate number and give dates No. _____ From (Mo/Yr) _____ To (Mo/Yr) _____	Check one: Hours per week Full-time _____ Part-time _____	
Duties/Responsibilities		Do not write in this area YRS _____ MO _____

For additional experience blocks, please use continuation sheet available from Human Resources.

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. I give the County the right to investigate all references and to secure and release information about me, if job related. I hereby release from liability the County and its representatives for seeking and releasing such information and all other persons, corporation or organizations for furnishing such information.

Signature of Applicant

Date

Offer Accepted _____		
Pre-employment Background Check _____	(if applicable)	
Job Title _____	Bargaining Unit _____	Salary Range _____ Step _____
Department Director Approval _____		