

EMPLOYMENT APPLICATION



SNOHOMISH COUNTY'S NON-DISCRIMINATION POLICY

It is Snohomish County's policy that persons shall not be discriminated against in employment because of race, color, national origin, creed, religion, sex, age (40+), marital status, sexual orientation or disability. Snohomish County values diversity and strives to have a diverse work force and is committed to Equal Employment Opportunities and Affirmative Action. Snohomish County actively encourages members of diverse communities to apply.

AMERICANS WITH DISABILITIES ACT (ADA) NOTICE: Individuals who need an ADA accommodation to complete the application, test, or interview process please call 1-800-562-4367 (voice) or 425-388-3411 (voice). TTY/TDD users please call relay number: 1-800-833-6388. **Alternative format available upon request. Please provide one week advance notice.**

Instructions: Please type or print legibly in ink. Sign and date the application. An incomplete application may affect your eligibility or experience credit. Writing the words "See Resume" under employment history is not acceptable. If employed, this application will become part of your permanent record.

Scoring Information (HR use only)	Supplemental Score %	Written Score %	1 st Interview Score %	2 nd Interview Score %	Veteran's Pref. %	Bonus		Keyboard
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GENERAL INFORMATION

Position Applying For:				Would you accept part time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Temporary employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Last Name		First Name		Middle Initial	
Street Address		City		State	Zip
Email Address		Home Phone ()	Work Phone ()	Message Phone ()	
Are you now, or have you ever been, employed by Snohomish County Government? Yes <input type="checkbox"/> No <input type="checkbox"/>		Title of Job Held	Department Employed by	Is/was this a temporary position? Yes <input type="checkbox"/> No <input type="checkbox"/> Is/was this a regular position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Snohomish County Government union member? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which union? AFSCME <input type="checkbox"/> Teamsters <input type="checkbox"/> Other <input type="checkbox"/>					
Are you applying for a Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you applying for a Voluntary Demotion? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have relatives working for Snohomish County? Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s) Relationship _____ Department _____					
<i>If valid driver's license is an essential function and required on the job announcement please answer the following:</i>					
Do you have a Washington Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/> License # _____					
Are you under age 21? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of birth ____/____/____.					
VETERAN'S PREFERENCE: Snohomish County gives veterans' preference in accordance with state law to veterans honorably discharged from active military service. Do you claim veterans' preference? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following items: Are you retired from military service? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever obtained employment through the use of veterans' preference? Yes <input type="checkbox"/> No <input type="checkbox"/> All dates of active duty: ____/____/____ to ____/____/____ Attach to this application a copy of your DD214 and the Veteran's Preference Form (obtained from the Human Resources Department 3000 Rockefeller, M/S 503 Everett, WA 98201)					
EDUCATION					
Name of college, university, vocational school		Dates attended From To		Years completed 1 2 3 4	
Major					
Type of Degree					
Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date. _____					
PERSONAL COMPUTERS: (check all that apply) <input type="checkbox"/> Word Processing <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Database <input type="checkbox"/> Other List software used: _____					

EMPLOYMENT HISTORY

Beginning with your most recent employment history, list all your work experience including self-employment, military service, volunteer work and periods of unemployment. Attach additional sheets if necessary. Be as complete as possible, failure to provide thorough information may result in rejection of this application. *Resumes will not be accepted in place of completing this application.*

Employer:	Supervisors Name:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, phone number: ()
Address:		Date Employed (MO/YR): From: To:	
Most recent position:	Hours worked per week:	Total number months worked:	
Reason for leaving:	Name used at this employer, if different:		
Summarize major work duties: (DO NOT write "see resume")			

Employer:	Supervisors Name:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, phone number: ()
Address:		Date Employed (MO/YR): From: To:	
Most recent position:	Hours worked per week:	Total number months worked:	
Reason for leaving:	Name used at this employer, if different:		
Summarize major work duties: (DO NOT write "see resume")			

Employer:	Supervisors Name:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, phone number: ()
Address:		Date Employed (MO/YR): From: To:	
Most recent position:	Hours worked per week:	Total number months worked:	
Reason for leaving:	Name used at this employer, if different:		
Summarize major work duties: (DO NOT write "see resume")			

I HEREBY CERTIFY that to the best of my knowledge the answers made hereon are true and complete. I understand that if employed, any misrepresentation or omission of facts on this application is sufficient cause for dismissal. I also understand that classification as a regular employee depends upon successfully performing work assigned to me during a trial period.

I authorize my current or former employers and all schools or educational/technical institutions which I have attended to provide Snohomish County information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

Signature _____ Date _____.

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Disability Status Information

Disability Status: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. An accommodation may be necessary to provide a person with a disability equal employment opportunity.

Will you need accommodation due to disability in the application, testing or interview process: Yes No

Please provide a brief description of the accommodation requested:

Please complete the following if you requested an accommodation for the application, testing or interview process:

Title of the position for which you are applying

Name _____

VOLUNTARY Affirmative Action Data

Completion of the following data is voluntary for affirmative action purposes. Information provided will be used for affirmative action purposes. **FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT.** The data will be reported only as required in statistical summaries.

Ethnic Category (Select only one racial/ethnic group - Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purposes):

- African American/Black: Persons having origins in any of the Black racial groups of Africa.
- Asian/Pacific Islander:: Persons having origins in the original peoples of eastern Asian, southeast Asia, the Indian Subcontinent or the Pacific Island.
- Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- Native American: Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition, including Alaskan Natives.
- White/Caucasian:: Person having origins in any of the original peoples of Europe, North Africa, the Middle East, other than Hispanic.
- I choose to not identify.

Sex: Male

Female