

## Employment Application

The Skagit Council of Governments is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race and color, religion and creed, national origin, sex, marital status, HIV, AIDS, and hepatitis C status, honorably discharged veteran or military status, age, disability, pregnancy and maternity, sexual orientation and gender identity, use of a guide dog or other service animal, genetic information or any other protected class status.

**Complete all information from this point forward. An incomplete application may disqualify you from further consideration.**

**Title of position you are applying for:** \_\_\_\_\_

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email \_\_\_\_\_

Are you a U.S. citizen, or do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)  Yes  No

Are you over the age of 18?  Yes  No

Do you have, or can you obtain, a valid Driver's License?  Yes  No  N/A

**TRAINING AND EDUCATION**

Highest Grade Completed:  8  9  10  11  12  GED

Colleges/Other Training	Subject/Major	Degree/Certificate	Date Completed

**EQUIPMENT, OFFICE AND COMPUTER SKILLS**

Describe computer and other equipment operation skills. Include programs used and other information relevant to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL CONVICTIONS**

The Skagit Council of Governments is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job qualifications. **A conviction record will not automatically disqualify you for employment.** Applicants will be asked to disclose information about their criminal history in the last ten years.

**PROFESSIONAL REFERENCES (Do Not List Relatives)**

Name/Title \_\_\_\_\_ Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name/Title \_\_\_\_\_ Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name/Title \_\_\_\_\_ Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**SIGNATURE IS REQUIRED**

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement, Job Description, and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that Skagit Council of Governments will complete a background check as allowed by the Fair Credit Reporting Act. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification and/or dismissal. The Skagit Council of Governments is an At-Will Employer. I understand that nothing in this application or my communications with any Skagit Council of Governments official is intended to create an employment contract between the Skagit Council of Governments and me. **Please DO NOT submit a photograph of yourself.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WORK HISTORY**

Beginning with your present or most recent employment, list all work/experience history for the last 10 years, and experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experiences which are related to the job for which you are applying. **Complete the following sections even if you are submitting a résumé in addition to this application.** An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here :

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Employer's Name	_____	From	_____ Mo/Year	To	_____ Mo/Year
Address	_____	Supervisor	_____		
Phone	_____	Hours Worked Per Week	_____		
Position	_____	Start Salary	_____		
Number Of Employees Supervised By You	_____	Last Salary	_____		
Reason For Leaving	_____				
Primary Duties	_____				

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Employer's Name	_____	From	_____ Mo/Year	To	_____ Mo/Year
Address	_____	Supervisor	_____		
Phone	_____	Hours Worked Per Week	_____		
Position	_____	Start Salary	_____		
Number Of Employees Supervised By You	_____	Last Salary	_____		
Reason For Leaving	_____				
Primary Duties	_____				

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Number Of Employees Supervised By You	_____	Last Salary	_____		
Reason For Leaving	_____				
Primary Duties	_____				

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Number Of Employees Supervised By You	_____	Last Salary	_____		
Reason For Leaving	_____				
Primary Duties	_____				

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## AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

**References will only be checked for finalists.**

Current and/or prior employers will only be contacted after an applicant has been notified that he/she is one of the finalists.

I certify that the information given by me to the Skagit Council of Governments is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, will result in disciplinary action up to and including immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Skagit Council of Governments interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the Skagit Council of Governments, in consideration of the review of my employment application, do authorize the Skagit Council of Governments to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the Skagit Council of Governments from any liability for future references it may provide regarding my work history at the Skagit Council of Governments.

It is my intention that any copy of this authorization be as effective as the original.

Date \_\_\_\_\_

Name (Please  
Print) \_\_\_\_\_

Signature \_\_\_\_\_

## DRIVING RECORD

(To be completed with application)

Name: \_\_\_\_\_  
 Please Print Last First MI

*List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.*

State	Month/Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration. The Skagit Council of Governments will, however, consider your driving record when making employment decisions.

**The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Finalists, upon notification that references will be checked, will be required to submit a copy of their Abstract of Driving Record (ADR) to the Executive Director.** ADR's may be obtained at any Washington State Department of Licensing for a small fee. Other states may have different procedures.

**Skagit Council of Governments Driving Standards:**

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid driver license issued by the state of residence, with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified for unacceptable driving

**THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT SEPARATELY**

Name: \_\_\_\_\_  
Please Print Last First MI  
Job Applying for: \_\_\_\_\_

**Are you a former or current Skagit Council of Governments employee?**

Yes  No If Yes, please tell us:

When you worked at SCOG: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Having a relative employed by the Skagit Council of Governments will not necessarily bar you from employment.**

Do you have any relatives employed by the Skagit Council of Governments?  Yes  No

If yes, please list their name/s and relationship/s: \_\_\_\_\_

**We would appreciate completion of the information below. This is entirely voluntary. The Skagit Council of Governments is committed to non-discrimination in employment practices. This information will be kept confidential and will be used for EEO record keeping purposes only.**

Sex:  Female  Male  
Race and Ethnicity:  Caucasian  African American  Hispanic or Latino  Asian  
(Check all that apply)  Native Hawaiian or Other Pacific Islander  Alaskan Indian /Native American  Two or More Races  Other \_\_\_\_\_

I have read the Position Opening Announcement and Job Description and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation.  Yes  No

**APPLICATION ASSEMBLY and HIRING PROCESS:**

**Assemble application materials in this order: 1: Skagit Council of Governments Application Front Page, 2: Work History, 3: Supplemental Questionnaire (if required), 4: Authorization To Release Employment Records, 5: Driving Record. 6: Cover Letter and Resume. 7: Please make this sheet the LAST PAGE as it will be removed. Staple everything together in the top left corner.**

Those applicants who submit a complete and timely application and are invited to participate in the interview stages of the selection process will be notified by phone, email or mail.

*Thank you for considering Skagit Council of Governments as your prospective employer.*