



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.

Legal Name _____ (Last) _____ (First) _____ (MI)

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Cell () _____ Work () _____ Email _____

Are you over the age of 18? Yes No

Are you authorized to work in the U.S.? Yes No
(Note: If hired, a form I-9, Employment Eligibility Verification, must be completed at the start of employment.)

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.** Later in the hiring process, those applicants who have advanced in the process 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 Job 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 may 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:

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

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

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