

EDUCATION, TRAINING, LICENSES:

High School/GED:

High School Name/GED Agency

Location

Post High School Education: List formal education at college/university /technical/other levels. Use additional pages if needed.

Name of School	City and State	Dates Attended	Degree or Credits and Year

Other Courses/Training	City and State	Dates Attended	Certificate and Year

Professional License/Certificate	State/Date of Issue	License Number	Expiration Date

LIST ANY OTHER SKILLS, ABILITIES, OR EXPERIENCES YOU FEEL MAY BE RELEVANT TO THIS POSITION:

LANGUAGES:

Are you fluent in languages other than English? Yes _____ No _____

If yes, please list:

EMPLOYMENT HISTORY: Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Failure to provide all information required may result in rejection of application. Resumes will not be accepted in place of completing this application. There is an additional employment history sheet at the back of this application.

Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	# of employees supervised <input type="text"/>
Supervisor:	May we contact this employer No <input type="checkbox"/> Yes <input type="checkbox"/>
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	# of employees supervised <input type="text"/>
Supervisor:	May we contact this employer: No <input type="checkbox"/> Yes <input type="checkbox"/>
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	# of employees supervised <input type="text"/>
Supervisor:	May we contact this employer: No <input type="checkbox"/> Yes <input type="checkbox"/>
Reason for Leaving:	
Primary Duties:	

AGREEMENT: I understand that any misrepresentation, erroneous information or omission in my application may be justification for termination or refusal of employment, and I certify that all information is true and correct to the best of my knowledge. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and Mason County from any liability of damages for receiving or releasing information.

Applicant Signature: _____ **Date:** _____

DEADLINES FOR SUBMITTING APPLICATIONS: Must be received by the Human Resources Department by the end of the closing date or postmarked by the closing date, unless otherwise indicated in the posting. No additional materials will be accepted after the closing date.

AFFIRMATIVE ACTION INFORMATION-The information below will be separated from your application and used for statistical purposes only. It will enable the County to evaluate its recruitment process in light of the federal and state equal opportunity laws and the County's Affirmative Action Program. Your cooperation is strictly voluntary, by highly encouraged. Your application will be reviewed whether or not you provide this information.

Position Title	Position Number (if applicable)	Department	Closing Date
Last Name		First Name	Middle Initial

Do you wish to participate? No Yes

Gender: Female Male Non-Binary: Age: Under 40 40 years or older

What race(s) or culture(s) do you consider yourself?

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> White/Caucasian
If you are more than one race, please check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.	
<input type="checkbox"/> Multi-Racial, preference:	

Have you ever been on active duty in the US Armed Forces? No Yes If yes, please provide the dates: _____

Vietnam-Era Veteran: Disabled Veteran (percent(%)of disability:

Do you have a long-term physical, sensory, or mental condition that subsequently limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, or learning? No Yes

Affirmative Action Definitions:

American Indian or Alaskan Native (not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through documented tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian.A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African-American (not Hispanic or Latino).A person with origins in any of the black racial groups of Africa.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian (not Hispanic or Latino). A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that is seldom fully corrected by medical replacement, therapy, or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap, or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge. Or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. Services between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

How did you learn of this employment opportunity?

<input type="checkbox"/> Walk-in/Mason County Human Resources	<input type="checkbox"/> Washington State Department of Employment Security
<input type="checkbox"/> Mason County Internet Website	<input type="checkbox"/> Friend/Word of Mouth
<input type="checkbox"/> Employee Referral (Employee Name)	<input type="checkbox"/> Newspaper / Journal (Specify)
<input type="checkbox"/> Other internet site: (Specify ie: Monster.com, Indeed.com, GovernmentJobs.com)	
<input type="checkbox"/> Other (Specify)	

This page can be used for additional employment history

Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	# of employees supervised <input type="text"/>
Supervisor:	May we contact this employer: No <input type="checkbox"/> Yes <input type="checkbox"/>
Reason for Leaving:	
Primary Duties:	
Employer:	
Address:	
Job Title:	Phone Number:
Dates Employed:	# of employees supervised <input type="text"/>
Supervisor:	May we contact this employer: No <input type="checkbox"/> Yes <input type="checkbox"/>
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