



Town of Darrington

P.O. Box 397
1005 Cascade Street
Darrington, WA 98241
360-436-1131
fax 360-436-0221

APPLICATION FOR EMPLOYMENT

The Town of Darrington is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state or local law.

DATE: _____

POSITION APPLYING FOR: _____

RATE OF PAY EXPECTED: _____ WHAT DATE ARE YOU AVAILABLE TO START WORK? _____

WHEN ARE YOU AVAILABLE TO WORK: (CHECK ALL THAT APPLY)
___ FULL TIME ___ PART TIME ___ TEMPORARY ___ DAYS ___ NIGHTS

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: () _____ MESSAGE NUMBER: () _____

ARE YOU OVER THE AGE OF 18? ___ YES ___ NO IF NO, GIVE DATE OF BIRTH: ___/___/___

IF OFFERED A POSITION WOULD YOUR VISA OR IMMIGRATION STATUS PREVENT YOU FROM BEING LAWFULLY EMPLOYED? ___ YES ___ NO

CAN YOU SUBMIT VERIFICATION OF YOUR RIGHT TO WORK IN THE US? ___ YES ___ NO

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO

DRIVER'S LICENSE NUMBER _____

DO YOU CLAIM VETERAN'S PREFERENCE? ___ YES ___ NO (IF YES, PLEASE ATTACH FORM, DD214)

*THE TOWN OF DARRINGTON IS MINDFUL OF ITS OBLIGATION TO EMPLOY
QUALIFIED PERSONS AND ITS ENTITLEMENT UNDER THE LAW TO CONSIDER AN APPLICANT'S CONVICTION RECORD AS IT RELATES TO JOB
PERFORMANCE. CONVICTION OF A CRIME WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT. HOWEVER,
FAILURE TO LIST ANY CRIMINAL HISTORY RELEVANT TO YOUR EMPLOYMENT MAY BE CONSIDERED AS, FALSIFYING YOUR APPLICATION.)*

DO YOU HAVE A FELONY CRIMINAL CONVICTION WITHIN THE LAST TEN (10) YEARS? ___ YES ___ NO
DO YOU HAVE A MISDEMEANOR CONVICTION, OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE
PAST THREE (3) YEARS? ___ YES ___ NO (IF YES, PLEASE EXPLAIN)

EDUCATIONAL INFORMATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	DATES OF ENROLLMENT	MAJOR / DEGREE / CERTIFICATE
HIGH SCHOOL / G.E.D.			
TRADE / BUSINESS SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
OTHER COURSES AND TRAINING			

LIST SPECIAL TRAINING, SPECIALIZED SKILLS, OTHER QUALIFICATIONS AND ADDITIONAL INFORMATION:
(SUMMARIZE SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY HELP
YOU MEET THE REQUIREMENTS TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING)

LIST COMPUTER SOFTWARE/PROGRAMS, OFFICE EQUIPMENT, PUBLIC WORKS EQUIPMENT AND MACHINERY EXPERIENCE – INDICATE THE TYPE AND PROFICIENCY

EMPLOYMENT INFORMATION

(BEGINNING WITH YOUR MOST RECENT EMPLOYMENT, LIST YOUR WORK/EXPERIENCE HISTORY FOR THE LAST FOUR (4) EMPLOYERS. BE SURE TO INCLUDE ANY PAID OR NON-PAID EXPERIENCE THAT IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. PLEASE DO NOT USE "SEE RESUME")

ARE YOU EMPLOYED NOW? ___YES ___NO IF YES, MAY WE CONTACT YOUR EMPLOYER ___YES ___NO

EMPLOYER: _____
 NAME STREET CITY STATE ZIP

SUPERVISOR NAME: _____ TELEPHONE NUMBER:() _____

JOB TITLE: _____ HIRE DATE: _____ SEPARATION DATE: _____

STARTING SALARY/RATE: _____ FINAL SALARY/RATE: _____

PRIMARY DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

EMPLOYER: _____
 NAME STREET CITY STATE ZIP

SUPERVISOR NAME: _____ TELEPHONE NUMBER:() _____

JOB TITLE: _____ HIRE DATE: _____ SEPARATION DATE: _____

STARTING SALARY/RATE: _____ FINAL SALARY/RATE: _____

PRIMARY DUTIES PERFORMED: _____

REASON FOR LEAVING: _____

CERTIFICATION AND AGREEMENT

I UNDERSTAND AND AGREE THAT:

1. ANY MISPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION OR ANY ATTACHMENTS TO MY APPLICATION MAY RESULT IN REFUSAL OF EMPLOYMENT OR IF EMPLOYED, TERMINATION OF EMPLOYMENT.
2. I UNDERSTAND THAT THE TOWN OF DARRINGTON DEPENDING ON THE POSITION, MAY MAKE A THROUGH INVESTIGATION OF MY WORK HISTORY, EDUCATION, LICENSES/CERTIFICATES, CRIMINAL HISTORY, CREDIT SCORE, AND DRIVING RECORD AS RELATED TO THE JOB I AM APPLYING FOR, AND MAY VERIFY ALL DATA. THIS MAY INCLUDE BUT NOT LIMITED TO CONTACTING FORMER EMPLOYERS AND EDUCATIONAL INSTITUTIONS, AND REFERENCES GIVEN IN MY APPLICATION. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY THE TOWN OF DARRINGTON, AND I RELEASE FROM LIABILITY ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION.
3. I UNDERSTAND AND AGREE THAT DEPENDING ON THE POSITION, I MAY BE REQUIRED TO TAKE A DRUG AND OR ALCOHOL TEST AT THE TOWN OF DARRINGTON'S EXPENSE, DURING MY PRE-EMPLOYMENT OR ANYTIME DURING MY EMPLOYMENT, TO DETERMINE IF I AM ALCOHOL OR DRUG FREE FOR THE JOB I AM RESPONSIBLE TO PERFORM. FAILURE TO SUBMIT TO SUCH TESTING MAY RESULT IN REFUSAL OF EMPLOYMENT OR TERMINATION OF EMPLOYMENT.
4. IF HIRED, I AGREE TO CONFORM TO ALL APPLICABLE RULES, REGULATIONS, POLICIES, AND/OR DISCIPLINARY PROCEDURES OF THE TOWN OF DARRINGTON AND/OR DEPARTMENT THEREOF.
5. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THE TOWN OF DARRINGTON.

APPLICANT SIGNATURE: _____ DATE: _____