



EMPLOYMENT APPLICATION

The Town of Coupeville is an Equal Opportunity Employer. The Town of Coupeville provides reasonable accommodation for its employees and the public with disabilities.

An incomplete or unsigned application may disqualify you. Do not use pencil to complete the application.

PERSONAL:

Position Department Date

Name: Last First Middle

Street Address Home Phone

Mailing Address (if different) Email

City State Zip Daytime Phone

Are at least 18 years old? Yes No If not, please specify your age _____

Can you perform the essential functions of the job with or without reasonable accommodation?

Yes No

Do you have a valid WA Driver's License? Yes No

EDUCATION:

High School City, State Major Degree/Certificate

College/University/Vocational City, State Major Degree/Certificate



WORK HISTORY: Beginning with your present or most recent employment, list your work history for the last 10 years, and any experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Explain all gaps in employment.

Employer's Name _____ From _____ To _____
Address _____ State _____ Zip _____
Supervisor _____ Phone _____
Starting Salary _____ Last Salary _____
Position _____ Hours Worked _____
Reason for leaving _____ May we contact this employer? _____
Primary Duties _____

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Address _____ State _____ Zip _____
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Reason for leaving _____ May we contact this employer? _____
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SKILLS:

Describe your skills, knowledge & abilities that qualify you for this position:

Other Courses and certifications, licenses, professional affiliations and volunteer experience that pertain to this position. Please list.

Please list any software packages in which you are proficient.



REFERENCES:

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.

Please list work and character references (do not list relatives)

Name	Relationship	Work/Home Phone including area code
1. _____		
2. _____		
3. _____		

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I understand that if employed, I am employed AT WILL and that no contract between myself and this Employer is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type, unless provided by collective bargaining agreement. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve the right to terminate my employment at any time and the Employer has the same right at any time. I authorize the Town of Coupeville to make inquiries of my references, prior and current employers (except as noted), and educational institutions regarding my qualifications, work records, habits, and performance while in their employ or at school. I release said parties from all liability for any damages, which might result from providing such information. I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and its agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

Signature _____ Date _____

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Return To:
Town of Coupeville
4 NE 7th St
Coupeville, WA 98239



(Information provided below will be detached prior to application review)

It is the policy of the Town of Coupeville to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, veteran status, sexual orientation, the presence of any sensory, mental or physical disability or use of a seeing eye dog or other service animal. The information requested below will be used for statistical purposes only to help the Town evaluate its recruitment process in light of equal employment opportunity laws. This sheet will be filed separately and this information will not be used in any employment decision. Your cooperation is strictly voluntary and your application will be reviewed whether or not you provide this information. See below for definitions. Thank you for your assistance.

HOW DID YOU LEARN OF THIS POSITION? _____
IF IN A NEWSPAPER OR WEBSITE, PLEASE SPECIFY. _____

ETHNIC IDENTIFICATION:

Asian/Pacific Islander Black Hispanic Native Origin White

GENDER: Female Male

VETERAN: Yes No

DEFINITIONS OF RACIAL/ETHNIC CATEGORIES

ASIAN/PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indiana Subcontinent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands and Samoa.

BLACK: All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race.

NATIVE ORIGIN: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.