



**San Juan County  
Civil Service Commission**

350 Court Street, #9 (mail)  
Friday Harbor, Washington 98250  
Phone (360) 378-4657  
E-mail: civilservice@sanjuanco.com

**APPLICATION FOR EMPLOYMENT**  
San Juan County is an Equal Opportunity Employer

POSITION APPLIED FOR	DATE OF APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		
TELEPHONE NUMBER(S) (   )	E-MAIL ADDRESS	

- Have you ever used a different name for school or employment?  
Yes \_\_\_ No \_\_\_  
If yes, what name(s) \_\_\_\_\_
- Have you ever been employed by San Juan County?  
Yes \_\_\_ No \_\_\_  
If yes, give date-of-separation or state "present employee".  
\_\_\_\_\_
- Does San Juan County employ any relatives of yours?  
Yes \_\_\_ No \_\_\_  
If yes, whom and the relationship:  
\_\_\_\_\_
- Are you 21 years of age or older? Yes \_\_\_ No \_\_\_
- Are you legally eligible to work in the United States?  
Yes \_\_\_ No \_\_\_
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes \_\_\_ No \_\_\_ (Proof of citizenship or immigration status required upon employment.)
- Do you possess a valid driver's license? Yes \_\_\_ No \_\_\_  
State \_\_\_\_\_ License# \_\_\_\_\_
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work::  
\_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary
- Have you ever claimed a Veteran's Preference for any Civil Service Position that you have held? Yes \_\_\_ No \_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**PLEASE READ THESE  
INSTRUCTIONS BEFORE  
COMPLETING THIS APPLICATION**

Type or print clearly in dark ink. If you need more space for an answer, use a sheet of paper the same size as this page.

**SUBMIT A SEPARATE APPLICATION FOR EACH POSITION FOR WHICH YOU ARE APPLYING. APPLICATIONS MAY BE FAXED, E-MAILED, DELIVERED, OR MAILED.**

Read the recruitment announcement carefully for the position for which you are applying. Note the skills and knowledge required for this position. Be sure you meet the minimum qualifications set forth in the announcement. **Applications must be received (or postmarked) on or before the closing date and time.**

Your completed application is the primary source of information used in making selection decisions. Carefully complete each experience block describing your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the job opportunity. Resumes may be attached but will not be accepted as a substitute for completing this application.

Upon the close of the application period, all applications received will be reviewed to ascertain which candidates meet the minimum qualifications for the position.

If you are an individual with a disability who is in need of an auxiliary aid or service to participate in the examination process, please notify Human Resources at (360) 370-7402 at the time of application.

Applicants selected for an interview, will receive notice by phone or e-mail.



## REFERENCES

Please list three professional references we can contact who are able to evaluate your job related knowledge and abilities. Please include at least one supervisor (past or present) that we may contact.

	1	2	3
<b>Name</b>			
<b>Title</b>			
<b>Company</b>			
<b>Phone</b>			
<b>E-mail</b>			

## EMPLOYMENT HISTORY:

Please complete each section entirely. List all work experience, paid or unpaid, including military experience or volunteer jobs. List present or last employer first:

<b>1</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Employment Dates: (Mo/Yr) From:                      To:	Supervisor Name	Supervisor Title
May we Contact?	Reason for leaving	
Indicate number of employees supervised and the length of time # of Employees.                      From (Mo/Yr)                      To (Mo/Yr)		Hours per week
Duties/Responsibilities		
<b>2</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Employment Dates: (Mo/Yr) From:                      To:	Supervisor Name	Supervisor Title
May we Contact?	Reason for leaving	
Indicate number of employees supervised and dates: # of Employees.                      From (Mo/Yr)                      To (Mo/Yr)		Hours per week
Duties/Responsibilities		

<b>3</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Employment Dates: (Mo/Yr) From: To:	Supervisor Name	Supervisor Title
May we Contact?	Reason for leaving	
Indicate number of employees supervised and dates: # of Employees. From (Mo/Yr) To (Mo/Yr)		Hours per week
Duties/Responsibilities		
<b>4</b> Employer	Type of Business	Job Title
Employer Address		Telephone No. ( )
Employment Dates: (Mo/Yr) From: To:	Supervisor Name	Supervisor Title
May we Contact?	Reason for leaving	
Indicate number of employees supervised and dates: # of Employees. From (Mo/Yr) To (Mo/Yr)		Hours per week
Duties/Responsibilities		

**Please explain any gaps of employment that were work related and the dates (i.e. unemployment, sabbatical):**

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[You may attach additional pages for more employment history](#)

*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. Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States. I give the County the right to investigate all references and to secure and release information about me, if job related. I hereby release from liability the County and its representatives for seeking and releasing such information and all other persons, corporation or organizations for furnishing such information.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# San Juan County Reference Checking Consent and Authorization Form

## Disclosure

**Please read the information on this form carefully and completely.**

I have applied for employment with San Juan County and have provided information about my previous employment. I authorize San Juan County to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to San Juan County whether the information is positive or negative.

I knowingly and voluntarily release all former and current employers, references, and San Juan County from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the San Juan County

I further authorize San Juan County to obtain feedback and references from my supervisors over the course of my employment with San Juan County I understand that subsequent and continued employment with San Juan County may be subject to this feedback.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

**Name: (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_  
\_\_\_\_\_