Town of Steilacoom

Human Resources Department 2301 Worthington Street, Steilacoom, WA 98388

Tel.: 253 581-1076 - FAX 253 588-5151

The Town of Steilacoom does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or veteran status, political affiliation, or any other legally protected status. Federal law requires anyone employed by the Town to present proof of authorization to work in the United Sates. (Most employees use a Social Security Card and Driver's License). If you need special accommodation during the selection process, please contact the Human Resources Department.

EMPLOYMENT APPLICATION							
Note: An incomplete application may	delay action or disqu	ualify you. Please	e type or p	orint clearly.			
Position desired:		_ full	-time	part-time	temporary		
Name: (Last Name)		(First Name)			(Middle Initial)		
		(Trist Ivanie)			(windle initial)		
Address: (Street)		(City)		(State)	(Zip Code)		
Telephone - Home: ()	_ Work:	()					
Do you have any relative who is presently employed by the Town? If	f ves. please give na	nme:					
Colleges, Vocational or Technical School, Training Centers (List Nat	mes and types of de	gree or certifica	tion)				
Office Skills: Enter number of years of experience in the space next to each	h skill!						
Spreadsheet:	7: 10-Key	Calculator:					
Equipment Skills: Describe your equipment operation skills related to the	e job for which you a	re applying!					
Licenses: List licenses you possess which would be useful in the position for	or which you are appl	'ying!					
Can you perform the essential functions of the position applied for v	with or without reas	sonable accomm	nodations	? 🛘 yes 🖟 no			
U.S. Military Record: Have you served in the U.S. Armed Forces?	☐ yes ☐ no If yes	s, please give da	tes of se	rvice:			

Note: Some positions may require the Town to investigate criminal convictions relative to the applicant's fitness to perform the job for which they are applying. Such convictions may not necessarily bar the applicant from employment with the Town.

Work Experience: Start with your most recent e	experience and add pages	if needed!				
Employer's Name:		From	То			
Address:	<i>Month/Year</i> Supervisor	Month/Year				
Phone: ()	_ Hours worked	per week				
Position:	_ May we contact	et this employer now?				
Primary Duties:						
Reason for Leaving:						
Employer's Name:			To			
Address:		Month/YearSupervisor				
Phone: ()	_ Hours worked	per week				
Position:	_ May we contact	et this employer now?				
Primary Duties:						
December Levine						
Reason for Leaving:						
Employer's Name:		From	То			
Address:		<i>Month/Year</i> Supervisor	Month/Year			
Phone: ()	Hours worked	per week				
Position:	_ May we contact	et this employer now?				
Primary Duties:						
December Leavings						
Reason for Leaving:						
Employer's Name:		From	То			
Address:			Month/Year			
Phone: ()	Hours worked	per week				
Position:	_ May we contact	et this employer now?				
Primary Duties:						
Reason for Leaving:			_			
I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.		I authorize all previous employers to furnish the Town of Steilacoom with my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Town of Steilacoom from all liability or any damage whatsoever arising therefrom. (Failure to sign does not bar consideration for employment.)				
Signature	- Date	Signature				