

APPLICATION FOR EMPLOYMENT



SKAGIT TRANSIT

600 County Shop Lane | Burlington, WA 98233

POSITION APPLIED FOR:

Directions: Print or type all requested information. Do not submit a resume in lieu of completing any portion of this application. An incomplete application may delay action or disqualify you.

If you have a disability that requires assistance and/or reasonable accommodation with the job application process, please contact Human Resources at 360-757-5178.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(Zip)
Phone (Home)	Phone (Work)	Phone (Cell)
Email Address	Applying for:	Full Time Part Time Temporary

1. Are you a U.S. citizen or are you eligible for lawful employment in the U.S.?	Yes	No
2. Do you possess a valid Washington State Drivers License?	Yes	No

TYPE OF SCHOOL	NAME & LOCATION	MAJOR SUBJECT	MARK # YEARS COMPLETED	GRADUATE Yes or No
HIGH SCHOOL			9 10 11 12 GED	Yes No
COLLEGE			1 2 3 4	Yes No
COLLEGE			1 2 3 4	Yes No
GRAD SCHOOL			1 2 3 4	Yes No

Military Background:	Branch of Service:	Date In:	Date Out:
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OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION	DATES ATTENDED
		Date In:_____ Date Out:_____
		Date In:_____ Date Out:_____
TRADE, OTHER MILITARY		Date In:_____ Date Out:_____

PRO. LICENSES OR CERTIFICATES	SERIAL NO.	DATE ISSUED	EXPIRATION

WORK HISTORY

Beginning with your **present or most recent employment**, list your work/experience history for the past 10 years, accounting for gaps in employment Use additional paper if necessary.

☐ Paid ☐ Volunteer

May we contact this Employer?

☐ Yes☐ No☐ Notify Me First

From (Mo & Yr)	Title or Position You Held	Company Name	Phone	
To (Mo & Yr)	Company Address	City	State	Zip
Total Yrs/Mos.	Primary Duties Number of Employees You Supervised: Name and Title of Immediate Supervisor: Reason for Leaving or Considering Change:			
Hours Worked Each Week				

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I certify under penalty of the laws of the State of Washington that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that should investigation disclose false or misleading information given in my application or interview(s), it may result in disqualification from employment or discharge. I understand that all employees of Skagit Transit are considered at-will employees and may be terminated from Skagit Transit employment at any time with or without notice.

SIGNATURE OF APPLICANT _____ **DATE** _____



Voluntary Affirmative Action Form

The information requested below will be used for the statistical purposes only, as required by the Equal Opportunity laws and regulations. The information requested is **voluntary and confidential**.

Thank you for helping evaluate the effectiveness of our equal opportunity effort.

Name _____

Position Applied For _____

Ethnicity

- ☐ HISPANIC or LATINO
- ☐ WHITE
- ☐ BLACK or AFRICAN AMERICAN
- ☐ ASIAN AMERICAN
- ☐ NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- ☐ AMERICAN INDIAN or ALASKA NATIVE
- ☐ MULTIRACIAL
- ☐ I DO NOT WISH TO SELF-IDENTIFY

Sex ☐ Female ☐ Male

Are you disabled? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Are you a disabled veteran? ☐ Yes ☐ No

How did you learn about this position? Please identify source:

☐ Newspaper (**specify**) _____

☐ Internet website (**specify**) _____

☐ Referral/Friend/Relative (**specify**) _____

☐ Worksource Website or Office (**specify**) _____

☐ Radio Advertisement (**specify**) _____

☐ Walk-in _____

☐ Other (**specify**) _____