



# MASON COUNTY EMPLOYMENT APPLICATION

RETURN TO:  
Human Resources Dept  
411 North Fifth Street  
Shelton WA 98584  
(360) 427-9670

*Equal Opportunity Employer – Drug-Free Work Environment*

Read the job posting before completing the application. This application must be completed in full, printed legibly in ink or typed. We will not accept "see resume". All statements are subject to verification. Keep a copy of your application and any attachments because they will not be returned. Only applicants who are interviewed will receive notice of selection. **If you are selected for an interview or to participate in a skills test and need special accommodations due to impairment or disability, please notify the Human Resources Director at (360) 427-9670 Ext 424**

Title of position \_\_\_\_\_ Posting No. \_\_\_\_\_

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle I. \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you possess a valid driver's license? (only if required for position) [ ] Yes [ ] No

Issuing State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been previously employed by Mason County? [ ] Yes [ ] No  
Dept: \_\_\_\_\_ Dates \_\_\_\_\_

Relatives employed by Mason County:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept \_\_\_\_\_

Termination: Have you ever been discharged or asked to resign? [ ] Yes [ ] No If yes, please explain:

## Criminal Convictions

Have you been convicted of a felony within the last seven years? [ ] Yes [ ] No If yes, please explain:  
(Conviction is not an automatic bar to employment)

## Licenses and Certificates (Professional or trade licenses which are required for the position)

Description \_\_\_\_\_ Issued By \_\_\_\_\_ Exp. Date \_\_\_\_\_

Description \_\_\_\_\_ Issued By \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Special Skills or Other Qualifications (Summarize skills or qualifications acquired from employment or experience)

## EDUCATION

High School Graduate? [ ] Yes [ ] No College 1 2 3 4 [circle year(s) completed and list college below]

College or Vocational School Name and Location	Academic Major, Skill or Trade	Credits Earned	Degree

**EMPLOYMENT HISTORY:** Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Failure to provide all information required may result in rejection of application. **Resumes will not be accepted in place of completing this application.**

LIST FURTHER JOB DUTIES AND EMPLOYMENT HISTORY ON ADDITIONAL SHEETS USING APPLICATION FORMAT

Company	Date Employed Month / Year	Job Title
Street Address	From	Specify Duties
City                      St.                      Zip	To	
Phone                      Supervisor's Name	Hrs Per Week	
Reason for Leaving	Final Salary \$	
May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	# Emp. Supervised	

Company	Date Employed Month / Year	Job Title
Street Address	From	Specify Duties
City                      St.                      Zip	To	
Phone                      Supervisor's Name	Hrs Per Week	
Reason for Leaving	Final Salary \$	
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May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No	# Emp. Supervised	

AGREEMENT: I understand that any misrepresentation, erroneous information or omission in my application may be justification for termination or refusal of employment, and I certify that all information on this application is true and correct to the best of my knowledge. I also authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons and Mason County from any liability of damages for receiving or releasing information.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# AFFIRMATIVE ACTION INFORMATION

Mason County is an Affirmative Action / Equal Opportunity Employer. We are required by the federal government to maintain certain statistical information on our job applicants and employees. We appreciate your *voluntary* cooperation in answering the questions on both sides of this questionnaire. This form will be detached from your application and will be kept separate and confidential from any employment decisions.

Name \_\_\_\_\_ Position Applying for \_\_\_\_\_ Posting No. \_\_\_\_\_

Sex: [ ] Female [ ] Male Over 40 [ ] Yes [ ] No Veteran [ ] Yes [ ] No Vietnam Era Disabled [ ] Yes [ ] No

## Ethnic Origin (choose only one)

- [ ] White - persons of European descent  
[ ] Black - persons of African descent as well as Jamaican, Trinidadian and West Indian  
[ ] Hispanic - persons of Mexico, Puerto Rican, Cuban, Latin American, or Spanish Descent  
[ ] Native American - persons who identify themselves as American Indians, Aleuts or Eskimos  
[ ] Asian American - persons of Japanese, Chinese, Korean, Phillipino, Malayan, Thai, Vietnamese, Polynesian, Pakastani, or East Indian

## HOW DID YOU HEAR ABOUT THIS JOB?

- County Website  
 Advertisement (name of publication): \_\_\_\_\_  
 Informed by Mason County Employee  
 Phone contact – walk in  
 Other (specify): \_\_\_\_\_

**DEADLINES FOR SUBMITTING APPLICATIONS:** Must be received by the Human Resources Department by 5:00 p.m. on the closing date or postmarked by the closing date, unless otherwise indicated in the posting. No additional materials will be accepted after the closing date.

MASON COUNTY HUMAN RESOURCES  
411 NORTH FIFTH STREET, BLDG. 1  
SHELTON WA 98584