

# **Employment Application**

Wahkiakum County 64 Main Street, Cathlamet WA 98612 Website: www.co.wahkiakum.wa.us

Applicants may submit employment applications and required documents in person, mail or fax. See individual job postings for mailing address and/or fax number for individual departments

Please read carefully and complete by printing in ink or typing. The application must be completed in full. Provide all information requested. You may attach a resume and supporting documents.

## **♦** Unsigned or incomplete applications will not be processed **♦**

### EQUAL EMPLOYMENT OPPORTUNITY

Wahkiakum County is an Equal Opportunity Employer. It is our policy to seek and employ the best qualified personnel and individuals who are the best match for the position(s), equal opportunity and non-discrimination extends to all employment related matters, including hiring, layoffs, promotions, transfer, work assignments, pay and benefits, discipline, training and other conditions of employment. Any form of discrimination based on age, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military status, or the presence of any sensory, mental or physical disability or the use of a trained dog guide or service animal by a person with a disability, or any other status protected by law, is strictly prohibited, unless based upon a bona fide occupational qualification. Provided, the prohibition against discrimination because of such disability shall not apply if the particular disability prevents the proper performance of the particular work involved. Wahkiakum County is committed to maintaining an environment free from discrimination, harassment and intimidation based on any status protected herein.

#### **IMPORTANT**

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.

Last Name	First Name	Middle Name	Middle Name	
Mailing Address	City	State	Zip Code	
Telephone Number	Alternate Contact Num	Alternate Contact Number (specify)		
Position Applying For				
Are you 18 years of age or olde	er?	[ ] Yes	[ ] No	
Have you ever worked for us before? If so, provide department(s)		[ ] Yes	[ ] No	
Are you employed now? [] Yes [] No Can we contact your Employer		[ ] Yes	[ ] No	
	ed to present evidence within three days of beginning v thorized to work in the United States?	work	[ ] No	
Can you travel if the job duties require it or for required training purposes?		[ ] Yes	[ ] No	
Date you are available for work: Expected Pay Rate:		cted Pay Rate:		

**EDUCATION** List any education, training and/or specialized experience (such as trade, vocational or technical school) you feel would help you perform the work and responsibilities of the position for which you are applying.

	Name of the Institution	Location (City & State)	Course of Study	Years Completed	Diploma or Degree Yes/No or # of Credits
High School					
Or Equivalent					
Undergraduate					
College or					
University					
Graduate					
School					
Trade or					
Vocational					
School					
Trade or					
Vocational					
School					
<b>Education in</b>					
The Military					

Describe any other specialized training, education, apprenticeship. License, certifications, or extra- curricular activities you believe are relevant or would help you perform the duties of the position you are apply for. Indicate where you acquired them or the issuing authority for licenses.			
apply for. Indicate where you acquired them of	the issuing authority	ior necises.	
MILITARY WORK HISTORY Have you ever served in the	U.S. Armed Forces, Na	tional Guard	
or Military Reserves	[ ] Yes [ ] No		
Branch & Division:	# of years of service:		
Job Class or Specialty:			

## **FORMER EMPLOYERS** List below the last three employers, starting with last one first:

Date	Name, Address	Salary	Position	Reason for
Month and Year	and Telephone # of Employer			Leaving
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
		•		

## VERIFICATION AND SIGNATURE

- 1. I authorize the investigation of all matters that the County deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.) or persons (such as current or former supervisors, coworkers, etc.) supplying it. I also release you from all liability which might result from making the investigation.
- 2. I certify that all of the information given in this application and in any attachment, supporting documents or interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
- 3. I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the present of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the County's expense. I authorize release of the results to the County and their use to evaluate my suitability for employment. I also release the County from all liability arising out of or connected with any examinations, inquiries and/or testing.
- 4. I understand that I may resign or be terminated, without cause or notice, any ant time, unless otherwise stated in a collective bargaining agreement or a written employment contract. I also understand that only the Board of County Commissioners has the authority to agree to any other terms and/or enter into such agreements or contracts, and that all such agreements (collective bargaining agreements or agreements for other terms of employment) or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in a collective

- bargaining agreement or a written employment contract, the County may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
- 5. This application will only be considered for this position and this job-opening announcement, unless otherwise notified by the County.
- 6. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employments relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Signature:	Date:	
	Unsigned or incomplete applications will not be processed	