

## WALLA WALLA COUNTY APPLICATION FOR EMPLOYMENT

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.*

POSITION APPLIED FOR:

DEPARTMENT:

DATE OF APPLICATION:

**PLEASE PRINT**

<i>Name:</i>	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Home Phone:</i> (   ) -   -
<i>Address:</i>				<i>Work/Message Phone:</i> (   ) - <i>Best time to Call:</i>
<i>City, State, Zip:</i>				<i>E-Mail Address:</i>

How did you learn of this position? \_\_\_\_\_

Have you ever been employed with us before?  Yes       No  
If Yes, give date and department \_\_\_\_\_

Do you have any relatives employed with Walla Walla County  Yes       No  
If yes, indicate (name, relationship, department): \_\_\_\_\_

Do you have responsibilities that would prevent you from traveling, working unusual hours or overtime if required by the job?  Yes       No  
Days or hours unwilling/unable to work \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes       No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes       No

After hire can you provide Proof of Citizenship or Immigration Status?  Yes       No

Are you currently working?  Yes       No

May we contact your current employer?  Yes       No

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Date Available to start work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Have you served on active duty in the military services of the U.S. within the last 8 years  Yes       No

If yes, Branch \_\_\_\_\_ Active Duty Dates \_\_\_\_\_

Per RCW 41.04.010, certain veterans are eligible for Veteran's preference. Do you qualify for this preference?  Yes       No

Have you ever obtained employment in this state through the use of veteran's preference?  Yes       No

Do you claim Veteran's preference for this examination?  Yes       No

Do you possess bi-lingual skills?      Language \_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_  Read  Write  Speak

Language \_\_\_\_\_  Read  Write  Speak

Do you have a valid Driver's License:  Yes       No

### EDUCATION AND TRAINING

High School Graduate or GED test passed?  
If no, check highest grade completed:

- Yes     No  
 6    7    8    9    10    11    12

College or Vocational School and Location	Dates From To	Major Studied	Degree Earned
	-		
	-		
	-		
	-		
	-		

Professional Licenses, Certifications	State Issued	License Number	Date Issued/Exp.

<u>SKILLS</u>			
<input type="checkbox"/> Typing (Speed _____)	<input type="checkbox"/> Dictation (Speed _____)	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Calculator by touch	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Multi-Line phone	<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Bookkeeping/Math	<input type="checkbox"/> Other _____	
<p><b>Special Consideration:</b> If you are selected to participate in an examination or interview and need any special accommodation in order to complete or participate in the process because of an impairment or disability, please notify a member of the Personnel Department staff.</p>			

Will you need accommodation due to disability in the application, testing or interview process: Please provide a brief description of the accommodation requested:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please complete the following if you requested an accommodation for the application, testing or interview process:	
Title of position for which you are applying _____ Name: _____	

**EMPLOYMENT HISTORY**

Please list ALL work experience beginning with your most recent job. Attach additional sheets if necessary. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

**Note: Please provide explanation for unemployment gaps of more than six months**

Employer		Dates Employed
Address		Hours per wk.
City		
Position Title	Supervisor	Phone number ( ) -
Reason for leaving		
Summarize major work duties: (DO NOT write "see resume")		

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<i>City</i>		
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<i>Reason for leaving</i>		
<i>Summarize major work duties: (DO NOT write "see resume")</i>		

<b>PERSONAL REFERENCES</b>	
Give the names of at least 3 of the following: past employers, teachers or any individual who may supply a reference. No relatives please.	
Name _____	Phone (    ) - _____
Name _____	Phone (    ) - _____
Name _____	Phone (    ) - _____

I certify that the answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application and/or interview contain false or misleading information, my application may be rejected or my employment with the company terminated.

This application for employment shall only be considered for the department and position named on page 1 of this document. I understand that an additional application packet must be completed for each position applied for.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized party of this organization.

I also understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_

Signature of Applicant
Date

<b>APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION</b>	
As an applicant for a position with Walla Walla County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.	
<b><u>You may release or verify the following items:</u></b>	
1.	Dates of employment;
2.	Positions held when started and left;
3.	Performance level, duties, responsibilities, strong and weak points;
4.	My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
5.	My relationship with co-workers and supervisors;
6.	My attitude toward work (cooperative? positive? etc.);
7.	Reason for leaving;
8.	Eligibility for rehire;
9.	Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
10.	Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.
<b><u>Educational Institutions:</u></b>	
1.	Years of Attendance;

- 2. Degree(s) Attained;
- 3. Grade Point Average; and
- 4. Transcript.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Walla Walla County and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Walla Walla County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Walla Walla County and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Position Applied for Date \_\_\_\_\_