

<b>KLICKITAT COUNTY EMPLOYMENT APPLICATION</b> Personnel Department, 205 S Columbus, Rm 102, MS-CH 15 Goldendale, WA 98620    509-773-7171    fax 509-773-5139	<i>Position Applied For:</i>  <i>Department:</i>
--	--

*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.*

<i>Name:</i>	<i>Home Phone:</i>
<i>Address:</i>	<i>Work/Message Phone:</i>
<i>Mailing Address</i>	<i>Cell Phone:</i>
<i>City, State, Zip:</i>	<i>E-Mail Address:</i>

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

*If valid driver's license is an essential function and required on the job announcement please answer the following:*

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

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Combination License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Are you 18 years of age or older?  Yes     No

Have you ever been employed with us before?  Yes     No

If Yes, give date and location \_\_\_\_\_

Do you have any relatives employed with Klickitat County  Yes     No

If yes, indicate (name, relationship, department): (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.) \_\_\_\_\_

Do you have responsibilities (other than vacation) that would prevent you from traveling, working unusual hours or overtime if required by the job?  Yes     No

Any Plans that would prevent your punctual daily attendance?  Yes     No

Days or hours unwilling/unable to work \_\_\_\_\_

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

I have reviewed the job description for the position and I am able to perform the duties of the job with or without reasonable accommodation.  Yes     No

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

Can you travel if a job requires it?  Yes     No

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

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

Have you been convicted of a misdemeanor or felony within the past seven years?  Yes     No

Date \_\_\_\_\_ Details \_\_\_\_\_  
 (Conviction will not necessarily disqualify an applicant from employment.)

## EDUCATION AND TRAINING

High School Graduate or GED test passed?  Yes  No

If no, check the highest grade completed:

3  4  5  6  7  8  9  10  11  12

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

Professional Licenses, Certifications	State Issued	License Number	Date.	
			Issued	Expired

*If more space is required, attach additional sheets*

### SKILLS

- |  |   |   |  |
|--|---|---|--|
| <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   |   |  |

Special Consideration

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.

### DISABILITY STATUS INFORMATION

**Disability Status:** A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. An accommodation may be necessary to provide a person with a disability equal employment opportunity.

Will you need accommodation due to disability in the application, testing or interview process:  Yes  No

Please provide a brief description of the accommodation requested:

\_\_\_\_\_

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: \_\_\_\_\_

All answers and statements on this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application; resume; and/or during the interview process is grounds for immediate termination, if employed by Klickitat County. 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 if I am offered a position with Klickitat County, a physical examination may be required and chemical/drug screen will be required prior to commencement of employment. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

### EMPLOYMENT HISTORY

Start with your present or last job. Include any job related military service assignments and volunteer activities you may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

**EMPLOYMENT HISTORY (continued)**

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

<i>Employer</i>		<i>Dates Employed</i>	
<i>Address</i>  <i>City, State, Zip</i>		<i>Salary :</i> <i>Starting Wage</i>  <i>Ending Wage</i>	<i>Hours per week:</i>
<i>Position Title</i>	<i>Supervisor</i>	<i>Phone number</i>	
<i>Reason for leaving</i>			
<i>Summarize major work duties: (DO NOT write "see resume")</i>			

### PERSONAL REFERENCES

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 \_\_\_\_\_

### APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Klickitat 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.

**You may release or verify the following items:**

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.

**Educational Institutions:**

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 Klickitat 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 Klickitat 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 Klickitat 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)