

APPLICATION FOR EMPLOYMENT

WAHAKIYAKUM COUNTY
PUBLIC WORKS
P.O. BOX 97
CATHLAMET, WA 98612
(360) 795-3301

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME				DATE
LAST	FIRST	MIDDLE	S.S.#	
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
HAVE YOU FILED AN APPLICATION HERE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DATE	
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DATE	
EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, DESCRIBE:	
DO YOU HAVE A VALID DRIVERS LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Wahkiakum County shall recruit, employ and train on the basis of merit. We consider applicants for all positions without regard to an individuals race, color, sex, age, national origin, religion, creed, marital or veteran status, pregnancy, medical condition, or physical or mental disability, or any other legally protected status

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR FROM TO	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE BEST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	TELEPHONE NO.	YEARS ACQUAINTED

GENERAL

SKILLS AND QUALIFICATIONS:

OTHER WORK EXPERIENCE:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

NEATNESS

ABILITY

HIRED: YES NO POSITION

DEPT.

SALARY / WAGE

DATE REPORTING TO WORK

APPROVED:

DATE

ELECTED OFFICIAL / DEPARTMENT HEAD