



Employment Application

Cowlitz County

Personnel Department

207 Fourth Ave., North, Room 306, Kelso, WA 98626

(360) 577-3065 • Fax: (360) 577-3028 • Website: www.co.cowlitz.wa.us

TDD (Hearing Impaired Line) (360) 577-3061

Applicants may submit employment applications and required documents in person, via mail or fax.

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.** ◆

<p>How did you learn about us and/or this position?</p> <p><input type="checkbox"/> Advertisement _____</p> <p><input type="checkbox"/> Friend /relative referral _____</p> <p><input type="checkbox"/> Our Website <input type="checkbox"/> Other Website _____</p> <p><input type="checkbox"/> Unemployment Department <input type="checkbox"/> Any Other _____</p> <p><input type="checkbox"/> College/University announcement/listing _____</p>	<p>_____</p> <p>Position Applied for _____</p> <p>_____</p> <p>Date of Application _____</p>
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EQUAL EMPLOYMENT OPPORTUNITY

It is our policy to seek and employ the best qualified personnel and individuals who are the best match for the position(s), and to ensure that equal opportunity and non-discrimination extends to all employment related matters, including hiring, layoffs promotion, 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, that the prohibition against discrimination because of such disability shall not apply if the particular disability prevents the property performance of the particular work involved. Cowlitz 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		
_____			_____	_____	_____	_____
Mailing Address		City		State		Zip Code
_____			_____			
Telephone Number		Alternate Contact Number (specify)				

Are you 18 years of age or older? Yes No

Have you ever worked for us before? If so, provide department(s): _____ Yes No

Do you have any friends or relatives working for Cowlitz County? Yes No

If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States? Yes No

Can you travel if the job duties require it or for required training purposes? Yes No

Check all shifts and days you can work: (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)

Full Time Part-time Rotating days off Days Swing Graveyard Rotating shifts

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date you are available for work: _____ **Expected 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					
Education in 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 applying for. Indicate where you acquired them or the issuing authority for licenses.

Military Work History

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? [] Yes [] No If yes,

Branch & Division: _____ # of years of service: _____

Job Class or Specialty: _____

Employment History

Starting with your present or most recent, list your previous employers. If more space is needed, continue in a separate sheet. You may attach a resume, but this portion of the application must be completed in full.

Last or present company		Type of Business	Title of position held	Current Salary
Street address		Phone #	Position was:	
			<input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
May we contact your current employer? [] Yes [] No				
Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was:	
			<input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was:	
			<input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was:	
			<input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				

Criminal Record: (A criminal record is not an automatic bar to employment. *Do not list any arrest, charge or detention that did not result in conviction or any arrest, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.*)
Have you been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any crime in the last 10 years? Yes No If yes, please explain:

List any other skill or qualification that you believe is relevant to the position you are applying for.

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 attachments, 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 presence 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, at any 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 employment 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.



Affirmative Action APPLICANT DATA RECORD

Supplemental form with the Employment Application

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To All Applicants

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Cowlitz County is required by law to provide the federal government or funding agencies with periodic reports on demographic information that may include sex, race/ethnicity, nationality, qualified disability status, and veteran status of applicants. This information is solely to help us comply with legal requirements. This information will be treated as personal and confidential and it is intended to be maintained separate from the application and not included in the application process. **The submission of this form and information is voluntary. Please print or type your responses.**

Date:	Position You Applied for:
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Mark all that are applicable to you:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: ____/____/____	
Race or Ethnic Group: (mark all that are applicable to you)			
<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Disability Status:			
<input type="checkbox"/> An Individual with a Qualified Disability	<input type="checkbox"/> Disabled Veteran		
Veteran Status:			
<input type="checkbox"/> No Military Service	<input type="checkbox"/> Retired Veteran	<input type="checkbox"/> Non-Conflict/Combat Veteran	
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Vietnam Era Veteran		
<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Other Conflict/Combat Veteran		

Thanks for your participation.