



We are an Equal Opportunity Employer

EMPLOYMENT APPLICATION

AVAILABILITY

Please consider my application for the following position(s):

If you are submitting this application to be considered for multiple open positions or when future openings occur, list the type of positions you would like to be considered for:

Provide all information requested on this form. If you wish to supply additional education, employment history or experience, please attach a separate sheet or resume. Please type or print clearly.

Today's Date Date Available for Employment Salary Requirement \$

Name Last First Middle Initial Preferred /Nickname

Address PO Box / Street City State Zip

Land line phone Mobile phone Email Address (Optional)

Have you been previously employed by us? No Yes; Please provide date(s) of employment :

Are you legally allowed to work in the United States? No Yes

EMPLOYMENT EXPERIENCE

How many employment positions have you held in the last 5 years:

List your most recent employer first. Include at least the past five (5) years, and account for any time gaps in your employment history, including any military service. Please attach an additional page, if necessary.

Table with 3 columns: Employer (Name & Address), Dates employed (Month & Year), Name of Supervisor. It contains two rows of employment history data.

3. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving
4. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving

Did you work for any of the above employers under a different name? No Yes
If yes, please circle the number in the box with the employer's name. (1, 2, 3 or 4)

List your previous name(s): _____

WORK SKILLS

List training and/or experience which may qualify you for the position(s) desired.

List any foreign language(s) and check the box that best describes your skill level.

Language	Read / Write / Speak	Read / Write	Read / Speak	Read ONLY	Speak ONLY

EDUCATION

Provide information about your education, starting with the most recent school attended.

Last level of education completed: _____
(Examples - High School diploma, GED, Associates, Bachelors, Masters)

High School

Name & Location	Diploma or G.E.D. ?
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Neither

Have you served in the US Military? No Yes

If yes, provide dates (mm/yyyy): _____

If yes and you are no longer serving, were you granted an honorable discharge? No Yes

College / Higher Education after High School

Name & Location	Academic Major, Skill or Trade	Dates Attended	Degree or Diploma and Year Graduated

DESIRED WORK SCHEDULE

Status:

- Full Time
- Part Time
- Relief (*Per Diem*)
- Temporary /Seasonal
- Any

Shift:

- Days
- Evenings
- Nights
- Alternating
- Rotating
- Any

Work Days:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Any |

Would you consider other schedules?

No Yes

Have you used any illegal drugs or used controlled substances without a prescription in the last two years?

No Yes

Have you ever been convicted of a misdemeanor or felony offense? (*A conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect of suitability for employment.*)

No Yes

Have you been debarred, excluded or otherwise to ineligible for participation in federal health care programs?

No Yes *A "yes" answer to this question will not necessarily bar the application from employment. If "yes", please explain in detail on a separate sheet of paper.*

REFERENCES

If you were referred to us, please provide their name: _____

<p>Reference # 1 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	
<p>Reference # 2 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	
<p>Reference # 3 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	

PROFESSIONAL REGISTRATION / LICENSURE

How many professional licenses and/or registrations do you hold: _____

Type of Registration or License	State	Number	Date of Expiration

If an examination is required, what date are you scheduled to take the examination? _____

If you do not have a required registration or license, have you applied for one? No Yes Date: _____

If not licensed in Washington State, have you applied for reciprocity? No Yes Date: _____

I certify that the information set forth in this Employment Application is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

I further understand that my employment is contingent upon checking of references furnished by me, and contingent upon a background check performed by a third party, for any criminal offenses.

I consent to and authorize this employer and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

I understand and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of company or myself, and understand that no representative of the company, other than the Board of Commissioners Chairman, has authority to enter into any agreement contrary to the forgoing.

I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Signature of Applicant

Date

**** HUMAN RESOURCES USE ONLY ****	
Starting Date: _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call/Per Diem <input type="checkbox"/> Temporary
Starting Pay Rate \$ _____	Orientation completed? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
Position Title: _____	Professional license verified? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
Position Number: _____	Employment Physical? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____
Department: _____	<input type="checkbox"/> Replacement/Vacant position <input type="checkbox"/> New position Emp #: _____
	References Rcvd: <input type="checkbox"/> No <input type="checkbox"/> Yes References Checked: <input type="checkbox"/> No <input type="checkbox"/> Yes

Revised April 2012