

# LEWIS COUNTY APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

Available:  F/T  P/T  Temp.

Department \_\_\_\_\_ Division/Section \_\_\_\_\_

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_  
*(Needed only if position you're applying for requires valid Washington State Driver's Lic.)*

What shifts can you work?  Days  Evenings  Weekends  Date Available \_\_\_\_\_

Are you currently working for Lewis County?  Yes  No

Have you ever worked for Lewis County?  Yes  No

Do you have any relatives employed by Lewis 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.)

Have you been convicted of a felony or served time in prison during the last seven (7) years?  Yes  No

**If yes, explain each conviction on an attached sheet and include the date, charge, place and action taken.**

(Lewis County is mindful of its obligation to employ qualified public servants and its entitlement under law to consider an applicant's conviction record as it relates to job performance. Lewis County is prohibited under law from discriminating solely on the basis of conviction. NOTE: A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB.)

Are you presently using illegal drugs?  Yes  No

**Please Note: Lewis County has a Drug and Alcohol Policy which may require drug screening prior to appointment.**

Are you a United States citizen or otherwise eligible for legal employment in the United State?  Yes  No

(If employed, proof of identity, citizenship, or legal right to work in U.S. will be required after hire.)

Have you ever been disciplined or discharged for any of the following:

1. Failure to give notice when absent, tardiness?  Yes  No
2. Insubordination, rudeness or inappropriate behavior towards customers or co-workers?  Yes  No
3. Safety violation of any kind?  Yes  No
4. Fighting, assault or related offenses?  Yes  No

If yes, explain \_\_\_\_\_

Are you able to perform the essential functions associated with the position applied for with or without accommodation?  Yes  No

## VETERANS PREFERENCE

Per RCW 41.04.010, certain Veterans are eligible for Veterans preference.

Do you qualify for this preference?  Yes  No

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

Do you claim Veterans preference for this examination?  Yes  No

*Please attach proof of eligibility to claim veterans preference, including dates of military service.*

## EDUCATION

High school graduate or GED test passed?  Yes  No

If no, please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE(S): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Dates: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

List any other technical or specialized courses you have complete which you feel are applicable to the job for which you are applying:

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## EMPLOYMENT HISTORY

Please start with your **present or last** position.

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees you supervised \_\_\_\_\_

Job Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees you supervised \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No



Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees you supervised \_\_\_\_\_

Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No



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## REFERENCES

List three persons who are not relatives or former employers, who have knowledge of your character and abilities.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## SUMMARY

Summarize those achievements and experiences which you consider to be important in terms of your qualifications for this work.

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## CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Lewis County.

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Signature of Applicant

Date

*LEWIS COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, CREED, MARITAL STATUS, DISABLED VETERAN, VIETNAM ERA-VETERAN, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.*

**Lewis County is an Equal Opportunity Employer**

**LEWIS COUNTY**  
**Authorization to Release Information**

As an applicant for a position with Lewis County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational 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:**

- \_\_\_\_\_ Any Information Requested
- \_\_\_\_\_ Past Employers
- \_\_\_\_\_ Salary History
- \_\_\_\_\_ Dates of Employment
- \_\_\_\_\_ Positions Held
- \_\_\_\_\_ Duties and Responsibilities
- \_\_\_\_\_ Performance Level
- \_\_\_\_\_ Reasons for Leaving
- \_\_\_\_\_ Eligibility for Rehire

**Educational Institutions:**

- \_\_\_\_\_ Years of Attendance
- \_\_\_\_\_ Degree(s) Attained
- \_\_\_\_\_ Grade Point Average
- \_\_\_\_\_ Transcript

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

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

Social Security # \_\_\_\_\_ Release Exp. Date \_\_\_\_\_

# INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunities in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. ***What ethnicity do you consider yourself to be?***

\_\_\_\_\_ ***Caucasian/White*** (not of Hispanic origin) - those having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ ***Black/African American*** (not of Hispanic origin) - those having origins in any of the original groups of Africa.

\_\_\_\_\_ ***Hispanic*** - those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

\_\_\_\_\_ ***Asian or Pacific Islanders*** - those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.

\_\_\_\_\_ ***American Indian or Alaskan Native*** - those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. ***Gender***

\_\_\_\_\_ Male

\_\_\_\_\_ Female

*Please complete reverse side*

3. *Are you 40 years of age or older?* \_\_\_\_\_ Yes \_\_\_\_\_ No

4. *Military Status* (Please check all that apply)

- |                                    |   |
|------------------------------------|---|
| _____ Non Veteran                  | _____ Spouse of deceased Veteran            |
| _____ Vietnam Era Veteran          | _____ Disabled Vietnam Era Veteran          |
| _____ Veteran (Other than Vietnam) | _____ Disabled Veteran (Other than Vietnam) |

Date of Discharge: \_\_\_\_\_

**Disabled Veteran** - Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam Era Veteran** - Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. *Disability* (Please check all that apply)

- |                           |                            |
|---------------------------|----------------------------|
| _____ Not disabled        | _____ Visual               |
| _____ Hearing             | _____ Mental/Psychological |
| _____ Ambulatory/Mobility | _____ Multiple Disability  |

Other: \_\_\_\_\_

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; or (b) any mental or psychological disorders such as mental retardation's organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that is seldom fully corrected by medical replacement, therapy or surgical means.

*Lewis County is an Equal Opportunity Employer*