



Asotin County Human Resources

PO Box 250
Asotin, WA 99402
509-243-2060
509-243-2005 fax

Complete all information. Incomplete applications may delay or disqualify you.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City _____ State ZIP Code _____

Phone: () _____ Cell: () _____ E-mail Address: _____

Date Available: _____ Social Security No: _____ How did you hear of opening? _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Have you been convicted of a misdemeanor in the last 7 years? YES NO If yes, explain: _____

I have read the job description and can perform the duties without an accommodation YES NO If no, explain: _____

Do you have any relatives working for Asotin County? YES NO If yes, what department? _____

Education

High School: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City & State: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Relevant professional certificates and/or licenses: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

In order to receive veteran's preference a copy of your DD-214 must be submitted. _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Asotin County, I hereby authorize any employers or supervisors, educational institutions, personal and professional references and /or other persons to release any and all requested 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.

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 RCW 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Asotin 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 Asotin 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 Asotin 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.

Signature: _____ Date: _____