



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

Home /Cell: () () E-mail Address: _____

Date Available: _____ How did you hear of opening? _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES NO

Have you ever worked for the County? YES NO If yes, department & dates _____

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

I have read the job description and can perform the essential functions with the following accommodation. *(this information is necessary so that if hired, we can have an accommodation in place when you begin working. Please let us know if you need an accommodation to apply for employment)*

Accommodations: _____

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

Education

High School Name: _____ City & State: _____
 Did you graduate? YES NO

College Name: _____ City & State: _____
 Did you graduate? YES NO Highest degree earned or number of years attended _____

Post Graduate? _____ City & State: _____
 Highest degree earned or number of years attended _____

Add any training you have completed that you believe is important to the above position:

If you have a professional license, please enter type of license, and name of agency that issued the license(s).

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Most Recent Employment

Company: Phone: ()

Address: Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

May we contact your most recent supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

In order to receive veteran's preference submit a copy of your DD-214.

Disclaimer and Signature

Thank you for your interest in working for Asotin County. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability, ethnicity/race, national origin, religion, gender, veteran status or any other basis protected by law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. Asotin County is committed to providing access and reasonable accommodation in its services, programs, activities and employment for individuals with disabilities. To request disability accommodation in the application process, contact Asotin County 509-243-2060 (phone) (TTY WA Relay 711)

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: _____

Printed Name

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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.

Any employer who provides such information is indemnified and released from liability arising from such disclosures.

Printed
Name:

Signature _____

Date: _____

Position applied for: