

**EMPLOYMENT APPLICATION**

**SKAMANIA COUNTY, WASHINGTON**

**PO Box 790**

**Stevenson, WA 98648**

**Phone: (509)427-3705**

**Email: humanresources@co.skamania.wa.us**

Position you are applying for:

Name:

Address:

City: State: Zip:

Home Phone: Work/Mobile/Msg. Phone:

Email: Best time to contact:

Driver’s License Number: State: Expires:

Combination or CDL License Number: State: Expires:

For applicants that are applying for positions that are covered under the USDOT Federal Motor Carrier and Federal Transit Authority have you tested positive or refused to test on a pre-employment drug or alcohol test in the past two years. \_\_\_\_ Yes \_\_\_\_ No.

**I certify that all the information provided on this job application is accurate and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or termination of employment, if hired by Skamania County. I acknowledge that I have read and understood the job description and the requirements for the position. I further understand that my signature is required for my application to be considered, and that a physical examination may be necessary to determine my ability to perform the essential functions of the job, prior to final hiring approval.**

Date Signature **(Required)**

Are you 18 years of age or older? Yes No

I have reviewed the job description for the position and I am able to perform the duties of the job with or without reasonable accommodation. Yes No

Are you a veteran of the armed forces? Yes No

**EDUCATION AND TRAINING**

High School Graduate or GED test passed? Yes No

If no, enter highest grade completed:

Post High School Training (College, Business School, Military, etc.) **Provide copy if graduated**

Name and Location Dates Graduated? Major/Subject

 Yes No

 Yes No

 Yes No

 Yes No

List Professional Licenses, Certificates or Registrations relevant to the job:

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, describe your work experience (paid or volunteer) which is relevant to the position for which you are applying.

Present or Last Employer Date Started Date Left Pay

Address Reason for Leaving

Phone Job Title

Duties and Responsibilities:

Previous Employer Date Started Date Left Pay

Address Reason for Leaving

Phone Job Title

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Previous Employer Date Started Date Left Pay

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Phone Job Title

Duties and Responsibilities:

**If more space is required, attach additional sheets**

**List skills you have which will help you perform the job for which you are applying:**

**REFERENCES**

Give the names of at least three people who are persons for whom you have worked, teachers or character references. No relatives, please.

Name: Phone:

Address:

Name: Phone:

Address:

Name: Phone:

Address:

It is the policy of Skamania County not to discriminate on the basis of race, sex, color, national origin, age, disability, marital status, disabled, veteran status, and Vietnam-Era veteran’s status in employment practices.