

# GRANT COUNTY PUBLIC WORKS

124 Enterprise St. SE; Ephrata, WA 98823  
509.754.6082; fax 509.754.6087

## APPLICATION FOR EMPLOYMENT

It is Grant County's policy to provide equal employment opportunity to all qualified persons and that applicants and employees be treated fairly at all times without regard to race, color, sex, creed, religion, age, marital status, sexual orientation, national origin, political ideology, union activity, industrial injury, whistleblower activities, the presence of any sensory, mental or physical handicap, veteran status, and any other basis that is prohibited by local, state or federal laws.

Instruction for completing the application: Please complete all sections even if you submit a resume. Completion of supplemental forms may also be required. Please review the job announcement and note the closing date. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position Applied For \_\_\_\_\_ WA State Drivers License No.: \_\_\_\_\_  
Endorsments (if any): \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_  
Type of employment Desired  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

### Referral Source

Advertisement \_\_\_\_\_  Website  Employee  Friend  Walk-in  Agency

### Personal

Name (last)	(first)	(middle initial)	
Mailing Address		Home Telephone ( )	
City	State	Zip Code	Message Telephone ( )

If you are under the age of 18, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked under another name? If yes, list previous name(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for work with Grant County before? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approximate Date Mo/Yr	
Have you ever worked for Grant County before? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approximate Date Mo/Yr	
Do you have any relatives currently employed with Grant County? If yes, name of relative(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed? If so, may we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to begin work?	Desired Salary?	
Are you legally qualified to work in the United States? (Proof of eligibility will be required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the position for which you have applied? (If you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before answering this question). If no, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have responsibilities that would prevent you from regular attendance and punctuality, relocating, traveling, working unusual hours (including nights and weekends), or overtime if required by the job? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? (A conviction record will not necessarily bar you from employment) If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Education**

Type of School	Name and address of school	Subject/ Major	Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Additional Education, Experience or Qualifications**

List any other education, training, seminars, certificates, licenses, experience, honors received or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any military service you would like considered.

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**Professional Organizations**

List any professional, trade, business or civic organizations that deal with the position for which you are applying. (Exclude memberships which reveal sex, race, religion, national origin, age, disability or other protected status).

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**Additional**

State any additional information you feel may be helpful in considering your application.

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**References**

List three professional/business references that are not related to you. If not applicable, list three school or personal references not related to you.

Name/Title	Address	Telephone ( )	Years known
Name/Title	Address	Telephone ( )	Years known
Name/Title	Address	Telephone ( )	Years known

### Employment History

Provide the following information for your current and past employers, assignments or volunteer activities, starting with the most recent (use additional pages if necessary).

Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities.
Address		From To	
Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	
Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities
Address		From To	
Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	
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Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	

### Comments

Additional information regarding your work history.  _____  _____  _____
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I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

