



GRANT COUNTY

35 "C" Street NW; PO Box 37; Ephrata, WA 98823

509.754.2011

www.co.grant.wa.us

APPLICATION FOR EMPLOYMENT

Instruction for completing the application: Please complete all sections. Completion of supplemental forms may also be required. Please review the job announcement and note the closing date.

Applying For:

Date _____ Title of Position _____

Referral Source

Newspaper _____
 Website: Grant County Other site _____
 Employee/Friend
 Other _____

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? (civil service positions you must be 21 years of age)	<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 worked for Grant County before? If yes, where? Approximate Date Mo/Yr	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
On what date would you be available to begin work?		
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
Have you been convicted of a misdemeanor or 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: Have you graduated high school or received a certified equivalent such as a GED at the time of this application? Yes No

Type of School	Name and address of school	Subject/ Major	Last Year Attended	Graduated	Degree
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.

Civil service and public works positions:

WA State Drivers License No. and any endorsements: _____

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).

Additional

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

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 \$	
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 \$	

Comments

Additional information regarding your work history;

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 and 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 _____

Revised 06/2007

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. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

EMPLOYMENT QUESTIONNAIRE

This Employment Questionnaire is voluntary. By providing this information, you assist the County in meeting federal reporting requirements. The information provided on this form is not used as a part of the review and selection process.

Name (Last, First, Middle Initial)

Date of Birth

1. **What race or culture do you consider yourself?** Please check only one group.

White or Caucasian (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

African American or Black (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Other Pacific Islander or Native Hawaiian (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Native American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

2. **Gender?** Male Female

3. **Have you ever been on active duty in the U.S. Armed Forces?**

Yes Dates _____ No

Vietnam-era Veteran

A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from duty with other than dishonorable discharge.

Disabled Veteran: Percent of disability: _____%

A person 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 disability incurred or aggravated in the line of duty.

4. **Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking and/or learning?**

Yes No

5. **Do you have a physical, mental or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?**

Yes No

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 disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Grant County complies with the Federal government regulations which require that employers take affirmative action to provide equal employment opportunity and maintain records to substantiate their efforts. To ensure compliance, we are required to report on the race, sex, and disability status of applicants. This data is for analysis and affirmative action purposes only.