

# PACIFIC COUNTY

## Employment Application

### South Bend, Washington 98586

### An Equal Opportunity Employer and Provider

**IMPORTANT: THIS APPLICATION MUST BE USED FOR ONE POSITION ONLY.** If you wish to apply for other positions with Pacific County you must submit an original application for each position. Complete the application neatly and thoroughly. Incomplete or unsigned applications cannot be processed. Please advise the elected official/department head or designee for the office/department you are applying to of any changes in your address or phone number.

POSITION APPLIED FOR:		OFFICE/DEPARTMENT:	
HOW DID YOU LEARN OF THIS POSITION? PLEASE BE SPECIFIC.			
LAST NAME:		FIRST NAME:	MIDDLE NAME:
STREET ADDRESS:		CITY, STATE AND ZIP:	
HOME PHONE (INCLUDE AREA CODE):		DAYTIME TELEPHONE (INCLUDE AREA CODE):	
DO YOU HAVE RESPONSIBILITIES THAT WOULD PREVENT YOU FROM TRAVELING, WORKING UNUSUAL HOURS OR OVERTIME, IF REQUIRED BY THE JOB?  YES _____ NO _____		NAME AND TELEPHONE NUMBER OF PERSON WHO CAN ALWAYS REACH YOU (INCLUDE AREA CODE) AND CITY	
WILL YOU ACCEPT (CHECK IF YES)? FULL TIME _____ PART TIME _____ TEMPORARY _____ SEASONAL _____ ON CALL _____			DAYS OR HOURS UNWILLING/UNABLE TO WORK
ARE YOU NOW OR HAVE YOU BEEN EMPLOYED BY PACIFIC COUNTY? YES _____ NO _____		IF SO, GIVE JOB TITLE, OFFICE/DEPARTMENT AND DATES OF EMPLOYMENT.	
DO YOU HAVE ANY RELATIVES WORKING FOR PACIFIC COUNTY? YES _____ NO _____		IF SO, GIVE NAME, OFFICE/DEPARTMENT AND RELATIONSHIP.	
CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA OR ALIEN REGISTRATION NUMBER UPON EMPLOYMENT?  YES _____ NO _____		A VALID DRIVER'S LICENSE IS REQUIRED ONLY WHERE SO STATED ON JOB DESCRIPTION. DO YOU POSSESS A VALID DRIVER'S LICENSE?  YES _____ NO _____ If yes, what state _____	
HAVE YOU SERVED ON ACTIVE DUTY IN THE MILITARY SERVICES OF THE U.S.?  YES _____ NO _____		IF SO, GIVE BRANCH AND ACTIVE DUTY DATES.	
PER RCW 41.04.010, CERTAIN VETERANS ARE ELIGIBLE FOR VETERANS PREFERENCE. DO YOU QUALIFY FOR THIS PREFERENCE?  YES _____ NO _____	HAVE YOU OBTAINED EMPLOYMENT IN THIS STATE THROUGH THE USE OF VETERAN'S PREFERENCE.?  YES _____ NO _____	DO YOU CLAIM VETERANS PREFERENCE FOR THIS EXAMINATION?  YES _____ NO _____	

## EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? YES _____ NO _____ IF YES, DATE _____	NAME AND LOCATION OF HIGH SCHOOL ATTENDED
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COLLEGES, TRADE SCHOOLS, OTHER SCHOOLS ATTENDED NAME AND LOCATION	DATES ATTENDED		FULL OR PART TIME	CREDITS EARNED SEM(S) OR QTR(Q)	MAJOR	TYPE OF DEGREE	DATE OF DEGREE
	FROM	TO					

OTHER COURSES AND TRAINING	NAME OF INSTITUTION/LOCATION	TYPE OF COURSE	LENGTH OF COURSE	DATE ENDED

PROFESSIONAL LICENSES, CERTIFICATIONS	STATE ISSUED	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE

## OFFICE EQUIPMENT SKILLS

COMPUTER OPERATION			KEYBOARDING SPEED	SOFTWARE FAMILIARITY				
YES	NO	TYPE		WORD PROCESSING	SPREADSHEET	DATABASE	PRESENTATION	INTERNET

CALCULATOR		10-KEY BY TOUCH		BOOKKEEPING	
YES	NO	YES	NO	YES	NO

LIST ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, OR WRITE, ANY ADDITIONAL SKILLS OR ABILITIES YOU POSSESS, OR MACHINES AND EQUIPMENT YOU CAN OPERATE :

**Employment history:** List work record for the past 10 years including self-employment and U.S. military service starting with your most recent experience. List each promotion separately. However, if your work experience beyond 10 years is related to the position you are applying for, please indicate it. Be as complete as possible in describing the work performed and the number of titles and employees supervised, if any. Job related volunteer experience may be included.

***REPRINT PAGE FOR ADDITIONAL SHEETS AS NECESSARY***

<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER    MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOTIFY ME FIRST					
FROM (MO. & YR)	YOUR MOST RECENT POSITION	EMPLOYER'S NAME		NAME AND TITLE OF SUPERVISOR	
TO (MO. & YR)	ADDRESS	CITY	STATE	ZIP	PHONE(WITH AREA CODE)
TOTAL YRS/MOS. WORKED	PRIMARY DUTIES				
HOURS WORKED EA. WEEK					
NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:					
REASON FOR LEAVING OR CONSIDERING CHANGE:					

<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER    MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOTIFY ME FIRST					
FROM (MO. & YR)	YOUR MOST RECENT POSITION	EMPLOYER'S NAME		NAME AND TITLE OF SUPERVISOR	
TO (MO. & YR)	ADDRESS	CITY	STATE	ZIP	PHONE(WITH AREA CODE)
TOTAL YRS/MOS. WORKED	PRIMARY DUTIES				
HOURS WORKED EA. WEEK					
NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:					
REASON FOR LEAVING:					

Please Initial

\_\_\_\_\_ I certify that answers given herein are true and complete to the best of my knowledge.  
 \_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 \_\_\_\_\_ I authorize my former employer(s), as marked to contact, to furnish Pacific County with personnel information requested by Pacific County. I release my former employer(s) from any liability that may arise as a result of their providing such information to Pacific County.  
 \_\_\_\_\_ I understand that should investigation at any time disclose false or misleading information given in my application or interview(s) this may result in disqualification from further consideration of employment or discharge.  
 \_\_\_\_\_ I understand that i am required to abide by all rules and regulations of Pacific County.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**AFFIRMATIVE ACTION DATA**  
**TO BE FILED WITH THE PACIFIC COUNTY AUDITOR'S OFFICE**

It is the policy of Pacific County to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, religion, sex, national origin, disability, age, sex (wages) or genetics or veterans status including disabled veterans and veterans of the vietnam era.

To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

In accordance with initiative 200 this information is used only when federal funding is involved.

Sex	_____	Male	_____	Female
Handicapped Status	_____	Yes	_____	No
Disabled Veteran	_____	Yes	_____	No
Vietnam Era Veteran	_____	Yes	_____	No
Veteran, Other	_____	Yes	_____	No

**ETHNIC ORIGIN**

- A. \_\_\_\_\_ WHITE/CAUCASIAN – Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, other than Hispanic.
- B. \_\_\_\_\_ AFRICAN AMERICAN/BLACK – Persons having origins in any of the Black racial groups of Africa.
- C. \_\_\_\_\_ HISPANIC – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- D. \_\_\_\_\_ ASIAN/PACIFIC ISLANDER – Persons having origins in the original peoples of eastern Asian, southeast Asia, the Indian Subcontinent or the Pacific Island.
- E. \_\_\_\_\_ AMERICAN INDIAN/ALASKA NATIVE - Persons having origins in the original peoples of North American who maintain cultural identification through tribal affiliation or community recognition, including Alaskan Natives.
- F. \_\_\_\_\_ OTHER, List \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_