



**EMPLOYMENT APPLICATION
 SKAMANIA COUNTY, WASHINGTON
 P.O. Box 790
 Stevenson, WA 98648
 (509) 427-3700**

Position you are applying for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Message Phone: _____

Driver's License Number _____ State _____ Expires _____

Combination or CDL License Number _____ State _____ Expires _____

All answers and statements on this application are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed by Skamania County. I understand that if I am offered a position with Skamania County, a physical examination will be required for employment to determine if I can do the essential functions of the job prior to final hiring approval.

 Date Signature

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 _____

Have you been convicted of a misdemeanor or felony within the past seven years that is relevant to the responsibilities or duties of the job for which you are applying? Yes _____ No _____

Have you ever violated the USDOT testing regulations for safety sensitive positions? Yes _____ No _____

EDUCATION AND TRAINING

High School Graduate or GED test passed? Yes _____ No _____

If no, circle highest grade completed: 3 4 5 6 7 8 9 10 11 12

Post High School Training (College, Business School, Military, etc.)

Name and Location	Dates	Graduated?	Degree/Year	Major/Subjects
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If more space is required, attach additional sheets

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			

Employer	Date Started	Date Left	Pay
Address	Reason For Leaving		
Phone	Job Title		
Duties and Responsibilities			

Employer	Date Started	Date Left	Pay
Address	Reason For Leaving		
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:

PERSONAL REFERENCES

Give the names of at least 3 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 status in employment practices.

**APPLICANT DISCLOSURE,
PURSUANT TO RCW 43.43.834
CHILD AND ADULT ABUSE INFORMATION ACT**

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnaping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

ANSWER: _____ IF YES, EXPLAIN BELOW:

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery?

ANSWER: _____ IF YES, EXPLAIN BELOW:

3. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER: _____ IF YES, EXPLAIN BELOW:

(Over)

4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER: _____ IF YES, EXPLAIN BELOW:

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER: _____ IF YES, EXPLAIN BELOW:

6. Have you ever been found in any protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

ANSWER: _____ IF YES, EXPLAIN BELOW:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____

Date and Place _____

Witness: _____

BUSINESS OR ORGANIZATION: SKAMANIA COUNTY PARKS & RECREATION

ADDRESS: P. O. Box 790, Stevenson, WA 98648



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 705-5100

<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$35.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: N/A Drivers Lic. Number/State _____ /

WSP USE ONLY

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: ___/___/___ ANN M. LUEDERS / EXECUTIVE ASSISTANT
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. (509) 427 3980 ALUEDERS
Requester's Signature

REQUESTER'S ADDRESS: (type or clearly stamp address)

SKA. CO. CE & R / POOL / FAIR / TAP

Requesting Agency ANN M. LUEDERS

Name PO BOX 790 / 710 SW ROCK CREEK DRIVE

Address STEVENSON, WA 98648

City State ZIP Code

Right Thumb Print (Optional)