



**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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

**SKAMANIA COUNTY
APPLICANT INFORMATION FORM**

Our organization conducts some business with governmental agencies which requires that we report certain information, such as race/ethnic background of applicants. Qualified applicants are considered for employment, and employees are considered during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Providing this information is voluntary, and refusal to provide it will not result in any adverse treatment. However, your completion of this form will assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. This information form will be kept in a separate, confidential file.

Position Applied for: _____

Name: _____ Date: _____

Gender: ___ **Male** ___ **Female**

Race/Ethnic Group (select one only):

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.
- White - A person, not Hispanic or Latino, with origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black - An individual, not Hispanic or Latino, with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – A person (not Hispanic or Latino) having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian - A person (not Hispanic or Latino) with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native - A person (not Hispanic or Latino) with origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races – All persons (not Hispanic or Latino) who identify with more than one of the above five races.

Signature: _____ Date: _____

IF YOU HAVE A DISABILITY WHICH WILL IMPAIR YOUR ABILITY TO PERFORM IN THE SELECTION PROCESS, YOU ARE RESPONSIBLE TO CONTACT THE HUMAN RESOURCES DEPARTMENT TO ARRANGE FOR REASONABLE ACCOMMODATION. IF YOU FEEL YOU HAVE BEEN TREATED UNFAIRLY OR DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY, PLEASE CONTACT **509-427-3705**.

Department to send form to Human Resource