



EMPLOYMENT APPLICATION
SKAMANIA COUNTY, WASHINGTON
PO Box 790
Stevenson, WA 98648
Ph: (509)427-3705 Email: vancamp@co.skamania.wa.us

Position you are applying for: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Mobile/Msg. Phone: _____

Email: _____ Best time to contact: _____

Driver's License Number: _____ State: _____ Expires: _____

Combination or CDL License Number: _____ State: _____ Expires: _____

For applicants that are applying for positions that are covered under the USDOT Federal Motor Carrier and Federal Transit Authority have you tested positive or refused to test on a pre-employment drug or alcohol test in the past two years. Yes No.

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 **(Required)**

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

Are you a veteran of the armed forces? Yes No

EDUCATION AND TRAINING

High School Graduate or GED test passed? Yes No

If no, enter highest grade completed: _____

Post High School Training (College, Business School, Military, etc.) **Provide copy if graduated**

Name and Location	Dates	Graduated?	Major/Subject
_____	_____	Yes No	_____
_____	_____	Yes No	_____
_____	_____	Yes No	_____
_____	_____	Yes No	_____

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

Address

Reason for Leaving

Phone

Job Title

Duties and Responsibilities:

Previous Employer

Date Started Date Left

Address

Reason for Leaving

Phone

Job Title

Duties and Responsibilities:

Previous Employer

Date Started Date Left

Address

Reason for Leaving

Phone

Job Title

Duties and Responsibilities:

Previous Employer

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Reason for Leaving

Phone

Job Title

Duties and Responsibilities:

Previous Employer

Date Started Date Left

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:

REFERENCES

Give the names of at least three 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's status in employment practices.