

LEWIS COUNTY APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Available: F/T P/T Temp.

Department: _____ Division/Section: _____

Name: _____ Position Applied For: _____

Address: _____
City State Zip

Phone: _____ Cell Phone: _____ E-mail: _____

What shifts can you work? Days Evenings Weekends Date Available: _____

Are you currently working for Lewis County? No Yes Dept.: _____ Supervisor: _____

Have you ever worked for Lewis County? No Yes Dept.: _____ Supervisor: _____

Do you have any relatives employed by Lewis County? No Yes

If yes, indicate:	<u>Name</u>	<u>Relationship</u>	<u>Department</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Have you been convicted of a felony or served time in prison during the last seven (7) years? Yes No

If yes, explain each conviction on an attached sheet and include the date, charge, place and action taken.

Lewis County is mindful of its obligation to employ qualified public servants and its entitlement under law to consider an applicant's conviction record as it relates to job performance. Lewis County is prohibited under law from discriminating solely on the basis of conviction. NOTE: A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB.

Are you presently using illegal drugs? Yes No

Please Note: Lewis County has a Drug and Alcohol Policy which may require drug screening prior to appointment.

Are you a United States citizen or otherwise eligible for legal employment in the United States? Yes No
(If employed, proof of identity, citizenship, or legal right to work in the U.S. will be required after hire.)

Have you ever been disciplined or discharged for any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Failure to give notice when absent, tardiness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Insubordination, rudeness or inappropriate behavior towards customers or co-workers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Safety violation or any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Fighting, assault or related offenses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, explain:

Are you able to perform the essential functions associated with the position applied for with or without accommodation? Yes No

MILITARY SERVICE

Have you ever been on active duty in the U.S. Armed Forces? Yes No

If yes, please provide:

Branch: _____ Entry date: _____ Discharge date: _____ Type of discharge: _____

Occupational specialization: _____ Special training received: _____

VETERANS PREFERENCE

Per RCW 41.04.010, certain Veterans are eligible for Veterans preference.

Do you qualify for this preference? Yes No

Have you ever obtained employment in this state through the use of Veterans preference? Yes No

Do you claim Veterans preference for this examination? Yes No

Please attach proof of eligibility to claim Veterans preference, including dates of military service.

EDUCATION

High school graduate or GED test passed? Yes No

If no, please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE(S): 1. _____ 2. _____

Major: _____

Degree: _____

List any other technical or specialized courses you have completed which are applicable to the job for which you are applying:

EMPLOYMENT HISTORY

Please start with your **present or last** position.

Employer: _____ Phone: _____

Address: _____ Employed from: _____ to: _____

Kind of business: _____ Hours worked per week: _____

Title: _____ Salary: _____ No. of employees you supervised: _____

Last or current supervisor: _____ Phone: _____

Job duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer: _____ Phone: _____

Address: _____ Employed from: _____ to: _____

Kind of business: _____ Hours worked per week: _____

Title: _____ Salary: _____ No. of employees you supervised: _____

Last or current supervisor: _____ Phone: _____

Job duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Employer: _____ Phone: _____

Address: _____ Employed from: _____ to: _____

Kind of business: _____ Hours worked per week: _____

Title: _____ Salary: _____ No. of employees you supervised: _____

Last or current supervisor: _____ Phone: _____

Job duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

LEWIS COUNTY is an Equal Opportunity Employer

**LEWIS COUNTY
Authorization to Release Information**

As an applicant for a position with Lewis County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

- Any information requested

Work History

- Past employers
- Salary history
- Dates of employment
- Positions held
- Duties and responsibilities
- Performance level
- Reasons for leaving
- Eligibility for rehire

Educational Institutions

- Years of attendance
- Degree(s) attained
- Grade point average
- Transcripts

Signature: _____ Date: _____

Printed Name: _____

Release expiration date: _____ (To be filled in by hiring office)

INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

Your cooperation in providing this information is strictly voluntary, but highly encouraged. The information requested will be kept CONFIDENTIAL, maintained separately from your application material, and will be used for statistical purposes only. Your application will be reviewed whether or not you provide this information. Only authorized personnel will have access to this information for legitimate purposes.

GENDER: Male Female

ARE YOU 40 YEARS OF AGE OR OLDER? Yes No

ARE YOU DISABLED? 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 disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; 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.

WHAT ETHNICITY DO YOU CONSIDER YOURSELF TO BE?

- Caucasian/White (not Hispanic origin)* – those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black/African American (not Hispanic origin)* – those having origins in any of the groups of Africa.
- Hispanic* – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture regardless of race.
- Asian or Pacific Islanders* – those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native* – those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN? Yes No **VIETNAM VETERAN?** Yes No

Vietnam Era Veteran – Anyone who served on active duty for a period or more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

DISABLED VETERAN? Yes No **SPOUSE OF DECEASED VETERAN?** Yes No

Disabled Veteran – Anyone 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 a disability incurred or aggravated in the line of duty.

DATE OF DISCHARGE: _____

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