



OKANOGAN COUNTY PUBLIC HEALTH DISTRICT

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

Name:
Address:
Telephone:
Date Available to begin Employment:
Position Applying for:

If employed and under 18, can you furnish a work permit? NO YES

Have you ever been employed by this Employer? NO YES

Are you employed now? NO YES

May we contact your present employer? NO YES

If Yes, provide name of Supervisor: _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status? NO YES

Do you have a valid driver's license in this state? NO YES

If Yes, provide WA Driver's License # . _____

Can you perform the essential functions of the job(s) for which you are applying? NO YES

Have you pled guilty or been convicted of a felony? NO YES
(Please note that a "YES" answer will not bar you from consideration for employment.)

If Yes, please explain: _____

Okanogan County is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

EDUCATION

	High School	College	Graduate
School Name:			
Years Completed:	9 10 11 12	1 2 3 4 5 6	1 2 3 4 5 6
Course of Study:			

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name:	Telephone:
Occupation / Relationship:	Years known:

Name:	Telephone:
Occupation / Relationship:	Years known:

Name:	Telephone:
Occupation / Relationship:	Years known:

EMPLOYMENT EXPERIENCE

Start with you present or last job. List your last 4 jobs in order. Do not omit any job.

1. CURRENT OR MOST RECENT POSITION:		
Company/Organization:	Full Address:	
Position:	Length of time in position:	Phone Number:
Start date:	End date:	
Your last Supervisor:	May we contact them regarding your performance? <input type="radio"/> NO <input type="radio"/> YES	
Describe your major job duties in this position:		
What was your reason for leaving this position?		

2. PREVIOUS POSITION HELD		
Company/Organization:	Full Address:	
Position:	Length of time in position:	Phone Number:
Start date:	End date:	
Your last Supervisor:	May we contact them regarding your performance? <input type="radio"/> NO <input type="radio"/> YES	
Describe your major job duties in this position:		
What was your reason for leaving this position?		

3. PREVIOUS POSITION HELD		
Company/Organization:	Full Address:	
Position:	Length of time in position:	Phone Number:
Start date:	End date:	
Your last Supervisor:	May we contact them regarding your performance?	
	<input type="radio"/> NO <input type="radio"/> YES	
Describe your major job duties in this position:		
What was your reason for leaving this position?		

4. PREVIOUS POSITION HELD		
Company/Organization:	Full Address:	
Position:	Length of time in position:	Phone Number:
Start date:	End date:	
Your last Supervisor:	May we contact them regarding your performance?	
	<input type="radio"/> NO <input type="radio"/> YES	
Describe your major job duties in this position:		
What was your reason for leaving this position?		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I Certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

NO YES

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement.

NO YES

I also understand that no representative of the Employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement or collective bargaining agreement.

NO YES

I have read, understand and agree with the above.

Signature of Applicant:	Date:
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APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Okanogan 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. This release of information covers my employment record in general, including information on the following questions:

1. Date of employment;
2. Position held when started and left;
3. The quality of my work;
4. The quantity of my work;
5. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
6. My relationship with co-workers and supervisors;
7. My attitude toward work (cooperative? positive? etc.);
8. Reason for leaving;
9. Eligibility for re-hire;
10. Strong points;
11. Weak points;
12. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted other, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others
13. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Signature of Applicant:	Date:
Print Name:	