

**ADAMS COUNTY, WASHINGTON**  
*An Equal Opportunity Employer*  
**APPLICATION FOR EMPLOYMENT**

**Position applied for** \_\_\_\_\_ **Date Available** \_\_\_\_\_

**Instructions to the Applicant**

Please complete this application after you have carefully read and understand the following instructions and information. A fully completed, signed employment application is required before you can be considered for employment. Other documents may be attached but cannot be substituted for requested information. If your application is not fully completed it will be returned. Provide the requested information by typing or printing in ink.

1. All questions must be answered truthfully and as completely as possible.
2. Applications will be accepted for current openings only. A separate application is necessary for each position for which you are applying and will not be accepted for subsequent openings of the same title.
3. If offered this position, you may be required to satisfactorily pass a physical examination, by a competent medical examiner designated by Adams County that could include a drug screen. Additionally, an offer of employment may be conditioned upon your ability to satisfactorily pass a criminal background check to confirm your ability to be bonded, which for some positions is a requirement of employment.
4. Adams County offers equal opportunity for employment to all applicants without regard to race, creed, color, sex, marital status, age, national origin, sexual preference, or disability.
5. Complete and sign this application on the last page and return all required materials to the address indicated on the position announcement.

**Personal Data**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Message Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Address if at current location for less than 3 years \_\_\_\_\_

\_\_\_\_\_ How long \_\_\_\_\_

Name(s) of relatives employed by Adams County \_\_\_\_\_

Relationship \_\_\_\_\_ Where employed \_\_\_\_\_

Other names used while working or attending school \_\_\_\_\_

Are you a U.S. Citizen or does a Visa or immigration status permit lawful employment in the United States? Yes No

Will you work at any of our work locations? Yes No

Application is for: Full time Part Time Summer Temporary , work.

### Education and Training Record

Name of School or Course	Location	Dates		Degree/Major
		From	To	

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate or Management Courses \_\_\_\_\_

Apprenticeship Program / Other Training \_\_\_\_\_

Other Education or Training (Please use the same format as above) \_\_\_\_\_

### Employment Record

List all employment starting with the present or most recent; include self-employment and military service. **Attach additional sheets if necessary, use same format.**

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ Month \_\_\_\_\_ Year To: \_\_\_\_\_ Month \_\_\_\_\_ Year

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Ending Salary \_\_\_\_\_

## Employment Record (CONTINUED)

<b>Company Name and Address</b>	<b>From</b>	<b>To</b>	<b>Your Title</b>	<b>Reason for Leaving</b>

### Special Skills / Licenses / Certificates

Please describe any equipment or machines you can operate and/or other special skills you have which relate to the position for which you have applied. Where appropriate identify the number of years operated or the length of time spent performing these tasks, i.e., computer skills, types of software used, copying or other production equipment, hand tools or heavy equipment.

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### Accreditations / Certifications / Professional Licenses

<b>Type of License/Certification</b>	<b>State</b>	<b>Number</b>	<b>Date of Expiration</b>

Describe any courses, activities (including volunteer work) and training you have which specifically relates to the position: \_\_\_\_\_

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Foreign Languages you speak, if any: \_\_\_\_\_

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**Driver Information**

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Do you have a valid Washington State Driver's License? Yes No

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Month \_\_\_\_\_ Year

Do you have a combination/intermediate endorsement or a Commercial Driver's License (CDL)? Yes No

Do you have any department of Motor Vehicles imposed restrictions on your driving privileges? Yes No

Number of moving (traffic) infractions in the past 3 years: \_\_\_\_\_

**References**

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Please give Professional or Business acquaintances (not relatives or employers) who are familiar with your qualifications and whom we may contact.

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address (City, State Zip Code) \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address (City, State Zip Code) \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Address (City, State Zip Code) \_\_\_\_\_

**PLEASE READ CAREFULLY**

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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.

I hereby give Adams County and/or their recruitment agent the right to make a thorough investigation of my present and/or past employment, education, character and qualifications. I release Adams County and/or their recruitment agent, all previous employers and supervisors from all liability for any damages that may result from furnishing information to Adams County. I understand that any false answer or statements on this form or on other required documents may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Adams County and myself for any term of employment or employment benefit or procedure. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon Adams County unless made in writing.

I understand that if employed, no company representative has the authority to make any oral or written agreements altering the employment-at-will relationship; either I or Adams County may terminate the employment relationship at any time with or without cause; I will abide and conform to the rules and regulations of Adams County.

If offered a job, I agree to take an employment physical examination, which may include tests for drug use, and that my employment is contingent upon obtaining satisfactory results. I further agree to such future examinations as may be required by Adams County.

I understand that, if an offer of employment is made and accepted, I will be required to provide proof of my identity and my legal right to work in the United States prior to beginning actual work for Adams County.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please type your First and Last Name

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.