

**ADAMS COUNTY**  
**An Equal Opportunity Employer**

**APPLICATION FOR EMPLOYMENT**

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

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**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 orientation, 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 \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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 or 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 ( 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, 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: \_\_\_\_\_

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## DRIVER INFORMATION

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) violations in the past 3 years: \_\_\_\_\_.

Have you been convicted of driving under the influence of alcohol, or a controlled substance in the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted and/or forfeited bail in connection with an accident during the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES

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

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 \_\_\_\_\_

**ADAMS COUNTY  
EQUAL OPPORTUNITY EMPLOYMENT  
APPLICANT LOG**

Adams County is an Equal Opportunity Employer. It is our policy not to discriminate in the recruitment, hiring, compensation, promotion, transfer, training, lay-off, termination or other term or condition of employment based upon race, religion, color, national origin, age, sex, marital status, creed, veteran status, sexual orientation, or a mental, physical or sensory handicap, unless based on a bona fide occupational qualification.

Please complete this voluntary form to assist us with our Affirmative Action reporting requirements. This form will be kept in a confidential file, separate from your application materials. **Refusal to provide the information will not result in any adverse treatment.**

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Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ Sex \_\_\_\_ Male \_\_\_\_ Female

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**RACE/ETHNIC GROUP (please check one)**

- American Indian or Alaskan Native – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.
- Black or African American – a person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White/Caucasian – a person having origins in any of the original peoples of Europe, North Africa, the Middle East or Southwest Asia.
- Hispanic/Latino – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**VETERAN STATUS**

Are you a veteran ? \_\_\_\_ Yes \_\_\_\_ No What Era \_\_\_\_\_

Are you a disabled veteran ? \_\_\_\_ Yes \_\_\_\_ No

**DISABILITY**

Will you need accommodation in the application or testing process ? \_\_\_\_ Yes \_\_\_\_ No. If you checked yes, please describe \_\_\_\_\_