

**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 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 \_\_\_\_\_

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Department of Public Works

## Employment

### **How to apply**

Read the entire job announcement and supplemental questionnaire (if required). If you feel you are qualified for the position, apply in one of the following ways.

- Print the application packet in Adobe Acrobat PDF format from the Adams County Website [www.co.adams.wa.us](http://www.co.adams.wa.us) - Employment & Careers
- Request an application packet for the Ritzville Office at (509)659-3276 and it will be mailed to you. Submit the application by US mail, fax, or in person. The application **form MUST BE COMPLETED**. A resume in lieu of filling out the application is not acceptable.

### **Supplemental Questionnaire**

Answers to the supplemental questionnaire, if included in the announcement, are required. A resume in lieu of answering the supplemental questions is not acceptable.

### **Other Requirements**

Some job announcements require other materials to be submitted along with the application, such as driving record, license certifications, flagging card etc. Read the announcement very carefully to be sure you have met these requirements.

### **Application Deadline**

All information required in the job announcement must be received in the Adams County Department of Public Works, Ritzville Office no later than the closing date listed in the announcement. Complete and submit in one of the following ways:

- FAX - Fax # (509)659-3295 - allow sufficient time for the materials to get to us before the closing date/time. You can call to confirm receipt at (509) 659-3276.
- In person - during business hours at our Ritzville Office - 210 West Alder, Ritzville WA. Mon-Fri - 7:00 am to 4:30 pm.
- US mail - allow sufficient time for the postal service to deliver your materials to us no later than the closing date/time. Department of Public Works, 210 West Alder, Ritzville WA.

### **Selection Process**

- This is a competitive selection process. Your responses on the application form and supplemental questionnaire will be reviewed and evaluated for the quality and quantity of education/experience in the areas listed. Applicants whose qualifications most closely correspond to the County's needs will be eligible for further consideration. The application **form MUST BE FULLY COMPLETED**. A resume only is unacceptable.

### **Application Status Notification**

All applicants will receive notice at the mailing address listed on the application indicating the status of the position. Allow 4-6 weeks after the closing date to receive the notice. County personnel will contact applicants who may be invited to participate further in the selection process. Short notice may be given to applicants to participate in further selection processes which may include written, oral and performance examinations, and final interviews.