

WHITMAN COUNTY CIVIL SERVICE COMMISSION

In compliance with Federal and State equal employment opportunity guidelines, qualified applicants are considered for employment without regards to race, creed, color, sex, national origin, age, marital status, or presence of a non-job related medical condition or handicap.

POSITION APPLYING FOR: _____ DATE: _____

NAME: _____ BIRTHDATE: _____

ADDRESS: _____ SSN: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME/MESSAGE PHONE: _____

Have you ever been employed with Whitman County? When? Position? _____

Are you a citizen of the United States? **Yes No**

Have you ever been convicted of a felony? **Yes No** If yes, please explain: _____

Please list any professional certificate(s) or license(s) you hold: _____

Please list any special skills, training, or additional experience you have acquired: _____

Circle the highest grade completed in school:

Grammar: 1 2 3 4 5 6 7 8 9 10 11 12 GED **College:** 1 2 3 4 **Graduate:** 1 2 3 4

PLEASE LIST ALL SCHOOLS ATTENDED AFTER HIGH SCHOOL

NAME OF SCHOOL	LOCATION	DIPLOMA/DEGREE	MAJOR

Include a copy of your transcript or diploma with your application to secure EDUCATION POINTS.

PLEASE LIST ALL MILITARY SERVICE

BRANCH OF SERVICE	DATE ENLISTED	DATE OF SEPARATION

Do you claim Veterans Preference? **Yes No** If yes, you must attach a copy of your DD-214.

If retired, are you receiving veterans payments? **Yes No**

Have you ever received an appointment to public office where you used your veterans preference? **Yes No**

VETERANS PREFERENCE will be granted in accordance with Washington State law. To claim such preference verification of veterans status must be furnished at the time of application as per RCW 41.04.005 AND 41.04.010.

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATIVES:

NAME	ADDRESS	PHONE NUMBER

EMPLOYMENT HISTORY

EMPLOYER: _____	PHONE: () _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER: _____	PHONE: () _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYER: _____	PHONE: () _____
JOB TITLE: _____	ADDRESS: _____
DESCRIBE DUTIES: _____	_____
_____	SUPERVISOR: _____
_____	DATES: _____ FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
_____	RATE OF PAY: \$ _____
REASON FOR LEAVING: _____	MAY WE CONTACT THIS EMPLOYER?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby certify that all statements made in this application are true. I understand and agree that any false statements on this form shall be considered sufficient cause for rejection of my application, removal from the eligibility list, or dismissal if I am employed.

I understand that it is my responsibility to keep the Civil Service Commission informed of any change of address or phone number and that failure to do so may result in my name being removed from the eligibility list.

I understand that completion of this application does not guarantee me employment.

I authorize contact with my past and present employers to verify job descriptions, work performance, and other statements made in this application as may be necessary in arriving at an employment decision.

APPLICANT'S SIGNATURE

DATE

The Washington State Human Rights commission requests that we compile statistics on our applicants. This information will be maintained separately from your application and will not be used in a discriminatory manner. We would appreciate your assisting us by voluntarily providing the following information:

NAME

DATE

PLEASE MARK THE APPROPRIATE BOXES

How did you learn of the position for which you are applying?

NEWSPAPER ADVERTISEMENT

What newspaper? _____

EMPLOYMENT SECURITY DEPARTMENT

FRIEND

RELATIVE

WALK IN

OTHER: _____

With which race/ethnic group do you identify?

WHITE

BLACK

HISPANIC

ASIAN OR PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

OTHER (Specify): _____

Which gender are you?

MALE

FEMALE

POSITION APPLYING FOR: _____

CLOSING DATE: _____