

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

**Lincoln County Assessor's Office**  
**509-725-7011 / Fax: 725-5045**  
**PO Box 400, 450 Logan Street, Davenport, Washington 99122**  
**www.co.lincoln.wa.us/assessor**

**EMPLOYMENT APPLICATION**

Lincoln County is an Equal Opportunity Employer and encourages applications from all persons regardless of race, color, religion, sex, national origin, age, disability, veteran status, or status in any other group protected by federal, state, or local law. (State Law: Chapter 49.60 RCW and WAC 162)

**IMPORTANT: Complete all sections. Please print in ink or use typewriter.**

Name: \_\_\_\_\_

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

Street Address (if different): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you over 18 years of age?  Yes  No

Education - total years of pre-college schooling. Circle years completed: 1 2 3 4 5 6 7 8 9 10 11 12

Colleges Attended	Years (From/To)	Degrees

Technical schools, areas of special training, and certifications:

Other applicable skills:

Are you currently employed? [ ] Yes [ ] No

May we contact your employer? [ ] Yes [ ] No

EMPLOYMENT RECORD: Begin with your most recent positions. A resume is also required.

**Company Name:** \_\_\_\_\_

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

Street Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_

Dates employed: \_\_\_\_\_

Job/Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Annual Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Duties:

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Reason for Leaving:

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**Company Name:** \_\_\_\_\_

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

Street Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_

Dates employed: \_\_\_\_\_

Job/Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Annual Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Duties:

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Reason for Leaving:

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REFERENCES: Persons not related to the applicant and who have some knowledge of the applicant's work performance during the last three years.

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

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

Street Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_

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

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

Street Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_

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

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

Street Address (if different): \_\_\_\_\_

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

Phone: \_\_\_\_\_ or \_\_\_\_\_

Do you possess a valid Washington State Driver's License?  Yes  No If no, please explain:

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

List all Endorsements:

\_\_\_\_\_  
\_\_\_\_\_

Our work requires reliable attendance and sometimes overtime of our employees. Are you able to consistently meet normal work attendance requirements?  Yes  No

Have you been convicted, or have you served time in a correctional institution within the past seven (7) years for any crime which might have some bearing on your qualifications and fitness to accept the duties and responsibilities of the position for which you are applying?  Yes  No

(A yes answer will not automatically result in rejection of your application)

PLEASE READ THE FOLLOWING, INITIAL WHERE INDICATED, AND SIGN BELOW INDICATING YOU HAVE READ AND UNDERSTOOD EACH OF THE PARAGRAPHS :

1. I certify that I am, and can establish with the necessary documents, a worker authorized to work in the United States of America.

Initial: \_\_\_\_\_

2. I understand that any offer of employment with Lincoln County is contingent upon my passing a pre-employment drug test requiring the submission of a sample of urine for analysis to determine or rule-out the presence of non-prescribed or prohibited controlled substances in my urine. I hereby consent to this request for a urine sample and agree to participate in the testing program.

Initial: \_\_\_\_\_

3. I certify that the information contained in this application is correct, that no information has been withheld that might adversely affect my chances for employment. I understand that misrepresentation or omission of facts in this application may result in the rejection of the application, or discharge if I am hired, regardless of the time elapsed before discovery of the statement or omission.

Initial: \_\_\_\_\_

4. I understand that my employment and compensation may be terminated at any time, with or without cause, at the option of either the county or me, with or without prior notice, unless otherwise provided in an adopted county policy.

Initial: \_\_\_\_\_

5. I consent to and authorize Lincoln County and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

Initial: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

LINCOLN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Additional copies of this application are available at [www.co.lincoln.wa.us/assessor](http://www.co.lincoln.wa.us/assessor)