# LINCOLN COUNTY APPLICATION FOR EMPLOYMENT



#### INSTRUCTIONS FOR COMPLETING APPLICATION FOR EMPLOYMENT

- Read the complete job posting before filling out this application.
- Download the application and type responses.
- A resume does not replace any section of this application.
- Supplemental documents such as a resume, cover letter, or other documents may be required by the hiring department. Please see the job description for the documents required for your application.
- This application must be completed in full, along with any other required documents to be considered for employment.
- Please see the job description for inquiry and submission information.
- All statements are subject to verification.
- Keep a copy of your completed application and attachments as they will not be returned.
- All application materials must be received by the department of interest by the closing date/time of the recruitment applied for to be eligible for consideration; no postmarks will be accepted.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied For:		Departme	ent:	
APPLICANT INFORMATION				
Last Name:	First Name:		Middle Nam	e:
Mailing Address:	City:		State:	Zip:
Phone Number:	Email Address:			
If you are under 18 years of age, careligibility to work?	n you provide required proof of	your	Yes	No
Have you ever filed an application v	with us before? , provide date:		Yes	No
Have you ever been employed with If yes	us before? , provide date:		Yes	No
Are you currently employed?			Yes	No
May we contact your present empl	oyer?		Yes	No
On what date would you be availab	le for work?			
Type of work desired?				
Can you travel if a job requires it?				
Are you able to meet all the require	ments of the position you are ap	oplying for?	Yes	No
f no. please describe:				

## **EMPLOYMENT & RELEVANT EXPERIENCE**

Employer:	Start Date:	End Date:
Address:		
Job Title:	Supervisor:	
Duties:		
Reason for Leaving:		
Employer:	Start Date:	End Date:
Address:		
Job Title:	Supervisor:	
Duties:		
Reason for Leaving:		
- L	Chart Data	5.15.45
Employer:	Start Date:	End Date:
Address:		
Job Title:	Supervisor:	
Duties:		
Reason for Leaving:		
If you need additi	onal space, please continue on a separ	rate sheet of paper.
Please list any professional, tra	de, business, or civic activities and of	fices held.

## **EDUCATION & TRAINING**

	High School	Technical or Community College	College or University	Graduate or Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Describe any specialized training, apprenticeship, skills, etc.				
State any additional information you feel may be helpful to us in considering your application.				

Special Skills & Qualifications	
Summarize job-related skills and qualifications acquired from educational training/background, prior employment or other experience.	
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## **REFERENCES**

Provide the name, address, and telephone number of three references who are not related to you.

	Name	Address	Phone Number	Relationship
1.				
2.				
3.				

#### **ATTESTATION**

All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I understand that reference checks and/or job-related background checks may occur and I release Lincoln County, all employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing information.

conduct a Washington State Patrol background check on any candidate recomme	,
background check is a key step in completion of the hiring process.	, ,
Digital Signature or Typed Name of Applicant	Date