



Lincoln County Noxious Weed Control Board

PO Box 241 405 Ross St. Davenport, WA. 99122

Farren Reinbold, Coordinator
(509) 725-3646

E-mail freinbold@co.lincoln.wa.us

Application for Program Assistant

Name:
Mailing address:
Email address:
Home Phone:
Cell Phone:

EDUCATION

Name	Diploma/Degree Yes or No	Major
High School		
College		
Vocational or Other		

SKILLS - Please circle any of the following in which you have experience.

Payroll Prepare Tax Reports Management Data Entry Knowledge of Herbicides

MS Word/Excel/Publisher Public Relations Multi-Tasking Noxious Weed ID Read Maps

Are you employed now? Yes No

Do you possess a valid WA State Driver's License? Yes No

Do you possess a valid WA State Public Pesticide License? Yes No

Do you possess a Notary License? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

WORK EXPERIENCE

Start with your last or present position. Include self-employment, military service, and volunteer service. Additional pertinent information may be attached to the completed application.

Employer:	Location:		
Job Title:	Dates Employed: From:		To:
Specific Duties:			
Immediate Supervisor:		Phone #:	
Reason for leaving:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Location:		
Job Title:	Dates Employed: From:		To:
Specific Duties:			
Immediate Supervisor:		Phone #:	
Reason for leaving:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Employer:	Location:	
Job Title:	Dates Employed: From:	To:
Specific Duties:		
Immediate Supervisor:	Phone #:	
Reason for leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

References- Give the name, address and telephone number of three people not related to you.

1.
2.
3.

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)

All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed. I authorize the release of information pertaining to previous employment, education, military service, or any other statements in this application.

Signed _____

Date _____

Submit Application and Resume by 12:00 pm, September 19th, 2024.