

Position Applied For: _____

Date: _____

1st Update: _____

2nd Update: _____

LINCOLN COUNTY DEPARTMENT OF PUBLIC WORKS
27234 SR 25 N
DAVENPORT, WASHINGTON 99122

Please Note: Lincoln County has implemented a Drug and Alcohol Testing Policy. All applicants, for either temporary or regular full or part-time employment, will be required to submit for a Pre-employment Drug Test as part of any conditional offer of employment. Regular full and part-time employees are subject to the County's Fit for Work Drug and Alcohol Testing Policy.

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)

In accordance with Lincoln County's Affirmative Action Plan any applicant who feels he or she has been discriminated against, upon and/or while attempting to gain employment with Lincoln County shall have the right to an appeals hearing before the Board of County Commissioners.

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

NOTICE: Employment applications are retained for six (6) months starting from the date of application. Applicants may update two (2) times for a total of 18 months prior to completing a new application.

1. Name: _____

2. Mailing Address: _____

3. Street Address (if different): _____

4. City: _____ State: _____ Zip Code: _____

5. Home Phone: _____ Business Phone: _____

6. Social Security Number: _____ 7. Are you over 18 years of age: Yes No

8. Education - total years of pre-college schooling. Check highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12

9. Colleges Attended _____ Years _____ From _____ To _____ Degree(s) _____

10. Technical Schools or Areas of Special Training: Years From To Degree(s)

11. Talents, Skills or Hobbies:

12. Are you currently Employed: _____ May we contact Employer: _____

13. EMPLOYMENT RECORD: (Begin with your most recent position and work back at least ten (10) years. If you need more space you may reproduce this page or use a plain piece of paper. Resumes may be attached but you must also complete this section.)

A. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ or _____ Dates Employed: _____

Job/Title: _____ Immediate Supervisor: _____

Salary: Beginning: _____ Final: _____

Duties: _____

Reason for Leaving: _____

B. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ or _____ Dates Employed: _____

Job/Title: _____ Immediate Supervisor: _____

Salary: Beginning: _____ Final: _____

Duties: _____

Reason for Leaving: _____

C. Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ or _____ Dates Employed: _____

Job/Title: _____ Immediate Supervisor: _____

Salary: Beginning: _____ Final: _____

Duties: _____

Reason for Leaving: _____

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

Name	Address	Office/Home Phones
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Do you possess a valid Washington Driver's License? Yes No
(If no, Please explain in Item 21 below)

In what other states have you held a valid drivers license? _____

16. Drivers License No.: _____ State: _____

17. List all Endorsements: _____

NOTE: For all applicants for an Operator or Mechanic position a current Class A Commercial Drivers License with the Air Brakes, and Tanks endorsements, minimum, is required. A Hazardous Materials endorsement is also required for all Mechanics and Operators on certain specialty equipment. NOTE: An Abstract of Driving Record will be requested for all applicants selected for interview.

18. Professional Licenses or Certificates:

A. _____

B. _____

C. _____

19. Our work requires reliable attendance and sometimes overtime of our employees. Are you able to consistently meet normal work attendance requirements?

No Yes

20. 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?
(A yes answer will not automatically result in rejection of your application)

No Yes

(If yes, please explain in item 21)

21. Item No. Explanation:

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

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

Initial: _____

I understand that any offer of employment with the Lincoln County Department of Public Works 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: _____

I understand that should I be hired I will be required to participate in the Department of Public Works Drug & Alcohol random testing program.

Initial: _____

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: _____

I understand that an investigation of my background may be necessary. I hereby agree to provide the necessary information and authorize any inquiry as to my past employment, credit reports and other background checks. Upon written request, I am entitled to receive written disclosure of the nature and scope of the investigation requested.

Initial: _____

I understand that nothing conveyed during the application process by any representative of the County is intended to create an employment contract for a specified period of time or alter any adopted policy or contractual obligation between the County and its recognized union.

Initial: _____

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 applicable Collective Bargaining Agreement or adopted county policy.

Initial: _____

(Signature of Applicant)

(Date)

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, authorize and request that my current and former employers and those people I have listed as references furnish the Lincoln County Department of Public Works with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities, any other qualities pertinent to my qualifications for employment, and in relation to the three questions listed below; hereby releasing them and Lincoln County from all liability and responsibility arising from any information provided.

1. Have you ever been warned about or discharged for absenteeism, tardiness, failure to notify your employer when absent, or any other attendance reason?

2. Have you ever been warned about or discharged for sexual harassment, fighting, assault, or related offenses?

3. Have you ever been warned about or discharged for violating safety rules?

NOTE: A photocopy, reproduction or facsimile of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

Applicant's Signature

LINCOLN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER