



Franklin County

1016 N 4th Avenue
Pasco, WA 99301

EMPLOYMENT APPLICATION

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

POSITION APPLIED FOR 1st choice: _____ Date _____, 20____

2nd choice: _____

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

Name: _____
(last) (first) (middle)

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Education: Total years of pre-university schooling:

Circle years completed: 1 2 3 4 5 6 7 8 9 10 11 12

Colleges/Universities Attended	Years	From	To	Degree Obtained

Are you a Veteran? Yes: _____ No: _____

Are you presently in an active reserve unit? Yes: _____ No: _____

Have you been employed by Franklin County before? Yes: _____ No: _____ Dates: _____

Do any of your relatives work for Franklin county? Yes: _____ No: _____

If yes, list names and explain relationships: _____

Are you a citizen of the U.S.A.? Yes: _____ No: _____

Do you possess a valid Washington Driver's License? Yes: _____ No: _____

Driver's License No: _____

Professional Licenses: (if required)

1. _____
2. _____
3. _____

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments.

1	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate / Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize Special Skills and Qualifications
Acquired from Employment Or Other Experience _____

Have you been convicted for a felony, or have you served time in a correctional institution within the past seven (7) years? Yes: _____ No: _____

If yes, describe in full, including date(s): _____

Give Name, Address, and Phone Number of Three References not related to you

I CERTIFY THAT ALL STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE AND MISLEADING STATEMENTS SHALL BE SUFFICIENT CAUSE FOR TERMINATION.

Signature of Applicant

Date

Please read and provide the information requested below.

Franklin County is required by the Washington State Human Rights Commission to provide statistical information on its applicants. Please help us meet these requirements by voluntarily answering the questions below. This information will be kept in a separate confidential file.

POSITION APPLIED FOR 1st choice: _____ Date _____, 20__

2nd choice: _____

Name _____ Phone No. _____
Last First Middle

Address _____
Street City State Zip

Birthdate _____ Age _____

Race/Ethnic Group: White ____ Black ____ Hispanic ____ American Indian/Alaskan Native ____

Sex: Male ____ Female ____

Handicaps: (explain in detail) _____

To be detached by the EEO Officer.

AUTHORITY TO RELEASE INFORMATION

I understand that in processing my application an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, and personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquired or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

I agree that any decision to hire me is contingent upon the results of my investigative report. I also understand that false or misleading statements on this application or concealment of requested facts may be considered cause for dismissal.

Full Name: _____

Signature: _____

Date Signed: _____