



CHELAN COUNTY COMMISSIONERS

400 Douglas St., Ste. #201, Wenatchee, WA 98801

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

Date of Application	Position Applied For		
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with us before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available to work? _____

Are you related to anyone currently employed by the county?

Yes No

If yes, list _____

Chelan County is committed to providing equal employment opportunity for all employees and applicants for employment on the basis of merit without regard to age, sex, marital status, race, creed, color, national origin, sexual orientation, or the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal or any other basis prohibited by local, state or federal laws.

Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed			
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

Have you ever had any job-related training in the United States Military?

Yes

No

If yes, please describe.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Dates Employed	Work performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

2. Employer	Dates Employed	Work performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

3. Employer	Dates Employed	Work performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

4. Employer	Dates Employed	Work performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

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

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that I may be required to submit to pre-employment drug and alcohol testing in accordance with the Chelan County Fitness for Duty Policy.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date