

**CHELAN COUNTY**  
350 Orondo St., Wenatchee, WA 98801

**APPLICATION FOR EMPLOYMENT**

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**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.**

(PLEASE PRINT)

<b>Position(s) Applied For</b>	<b>Date of Application</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Telephone Number(s)</b>
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**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?**

\_\_\_\_\_

## Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name & 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:*

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### References

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Yes  No

If yes, please describe

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

## 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.

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

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

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

<b>4. Employer</b>		<b>Dates Employed</b>	<b>Work Performed</b>
Address			
Telephone Number(s)		<b>Hourly Rate/Salary</b>	
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.

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**Applicant's Statement**

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

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

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

**This application for employment shall be considered active for a period of time not to exceed 360 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.**

**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**