

# APPLICATION FOR EMPLOYMENT

(Please type or print with black ink)

Chelan County Clerk  
Chelan County  
Courthouse  
350 Orondo Street  
Wenatchee, WA 98807-3025  
(509) 667-6380

Complete all sections. Failure to do so may result in the rejection of your application. Statements such as "see resume" do not substitute for completing any portion of the application.

POSITION APPLIED FOR

DATE OF APPLICATION

TYPE OF EMPLOYMENT DESIRED

Full-time       Part-time       Temporary

DATE AVAILABLE FOR WORK

**Date Received**

How did you learn of this position (ex. Relative, friend, radio station, newspaper etc.)?  
Be specific:

LAST NAME		FIRST NAME		MIDDLE NAME		HOME TELEPHONE	
						(    )	
STREET ADDRESS		CITY		STATE	ZIP CODE		DAY TELEPHONE
							(    )
E-MAIL				ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAY WE CONTACT YOU AT WORK?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER BEEN EMPLOYED BY CHELAN COUNTY ?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU HAVE ANY RELATIVES EMPLOYED BY CHELAN COUNTY ?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, NAME AND RELATIONSHIP?							
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES, EITHER BECAUSE YOU ARE A U.S. CITIZEN OR BECAUSE YOUR VISA OR IMMIGRATION STATUS AUTHORIZES LEGAL EMPLOYMENT IN THE U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Have you ever been convicted of a crime, pled guilty, or been released from prison within the past seven (7) years?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, indicate date and nature of the offense: (A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)							

## EDUCATION

<u>High School</u>		<u>Location (City/State)</u>		<u>Graduate/GED</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	Location (City/State)	Degree Conferred	Major	Credit Hours	Dates Attended From                      To	
List (below) any vocational or on-the-job training you have completed which would be relevant to the position you are applying for, also include dates.						
					From	To
					From	To
Other valid professional licenses and certifications you hold.		Type of license	Issuing State	Registration No.	Expiration Date	

Failure to provide complete information on this application and subsequent materials could delay processing of your application and/or disqualify you from consideration. This application will be used for this job announcement only. A separate application is needed for each job posting.

## EXPERIENCE

**This section must be completed in detail.** A resume will not substitute for a completed application form. List all work experience for at least the last 10 years, starting with your most recent job. In addition, list any earlier work experience you believe relates to the position for which you are applying. If more than one position has been held with the same employer, list each separately. Include any relevant military experience that relates to the position for which you are applying. Under "Primary Duties" describe your job tasks in sufficient detail so that not only your tasks, but your level of responsibility can be determined. If you require additional space, attach a separate sheet using the same format.

## EMPLOYMENT HISTORY

From (Month & Year)	Present Position Title	Employer's Name		Telephone Number (    )	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked	Supervisor's Name			Supervisor's Telephone (    )	
Hours Worked each Week	Starting Salary \$	Present or Last Day Salary \$	Reason For Leaving or Considering Change:		
Number of Employees Supervised by You:		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Duties:					
From (Month & Year)	Title of Position You Held Before The Above	Employer's Name		Telephone Number (    )	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked	Supervisor's Name			Supervisor's Telephone (    )	
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:			
Number of Employees Supervised by You:					
Primary Duties:					
From (Month & Year)	Title of Position You Held Before The Above	Employer's Name		Telephone Number (    )	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked	Supervisor's Name			Supervisor's Telephone (    )	
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:			
Number of Employees Supervised by You:					
Primary Duties:					

From (Month & Year)	Title of Position You Held Before The Above	Employer's Name	Telephone Number (    )	
To (Month & Year)	Employer's Street Address	City	State	Zip
Total Months Worked	Supervisor's Name		Supervisor's Telephone (    )	
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:		
Number of Employees Supervised by You:				
Primary Duties:				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Reference Authorization:** I authorize Chelan County Clerk's Office to contact the following three professional references.

NAME	TITLE	ORGANIZATION	TELEPHONE
			(    )
			(    )
			(    )

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give Chelan County Clerk's Office the right to investigate all references, and to secure additional information about me, including a criminal record check. I hereby release from liability the Chelan County Clerk's Office and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

SIGNATURE OF APPLICANT	DATE
<b>X</b>	

# APPLICATION FOR EMPLOYMENT

## APPLICANT DATA SHEET

(Please type or print with black ink)

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Chelan County Courthouse  
350 Orondo Street  
Wenatchee, WA 98807-3025  
(509) 667-6380

POSITION APPLIED FOR		DATE OF APPLICATION
LAST NAME	FIRST NAME	MIDDLE NAME
MAILING ADDRESS		

### **MILITARY SERVICE/VETERAN'S PREFERENCE**

Per RCW 41.04.010, certain veterans are eligible for Veteran's Preference. **To be eligible, you must meet all of the following criteria:**

1. You have not previously used your veteran's status to obtain an offer of employment.
2. You served in the military during any period of war (the Persian Gulf War began August 2, 1990 and has not yet officially ended). Military service during the Lebanon crisis, the invasion of Grenada, or the Operation Just Cause in Panama must have resulted in award of the respective campaign badge or medal for these military actions) OR you received the Armed Forces Expeditionary Medal or the Marine Corps or Navy Expeditionary Medal for opposed action on foreign soil, or the Southwest Asia Service Medal.
3. You served on active duty for at least 180 days. (Reserve and National Guard Service for less than six continuous months is not regarded as active duty).

Have you ever obtained employment in Washington State using Veteran's Preference?  YES  NO

Do you claim Veteran's Preference for this examination?  YES  NO

If claiming Veteran's Preference, you must attach form DD214. Form attached?  YES  NO

Have you served on active duty in the U.S. military in the last 96 months?  YES  NO

If yes: Branch of Service  Air Force  Army  Coast Guard  Marines  Navy

Regular  Reserve  National Guard Active Duty Dates \_\_\_\_\_ to \_\_\_\_\_

Are you receiving Veteran's retirement pay?  YES  NO

### **Voluntary Affirmative Action Questionnaire**

Chelan County is an equal opportunity employer and shall carry out federal, state, and local laws and regulations prohibiting discrimination in employment on the basis of age, race, color, creed, religion, national origin, sex, sexual orientation, marital status, or the presence of a sensory, mental, or physical handicap or disability.

For the purposes of effectively implementing the Chelan County Affirmative Action Plan, we would appreciate your providing the information below. This is entirely voluntary and will remain confidential.

**PLEASE CHECK THE SEX AND RACIAL/ETHNIC GROUP WITH WHICH YOU IDENTIFY:**

MALE  FEMALE  I CHOOSE NOT TO IDENTIFY

CAUCASIAN  ASIAN / PACIFIC ISLANDER  AFRICAN AMERICAN

HISPANIC  AMERICAN INDIAN / ALASKAN NATIVE  OTHER

WILL YOU NEED SPECIAL EQUIPMENT OR HELP IN THE TESTING PROCESS?  YES  NO

IF YES, PLEASE EXPLAIN:

SIGNATURE OF APPLICANT

DATE

X