



# CHELAN COUNTY EMPLOYMENT APPLICATION

Rev 2/2020

## INSTRUCTIONS FOR COMPLETING APPLICATION

- A separate original application must be completed for EACH POSITION for which you are applying.
- Answer each section completely, print legibly in ink or type. We will not accept "See Resume." Resumes may be used to supplement an application, but will not be accepted in lieu of completing the application. Applications that are incomplete will not be accepted or considered.
- Keep a copy of your application and supplemental material, they will not be returned.
- Chelan County is an Equal Employment Opportunity Employer, if you require a reasonable accommodation to complete the employment application process, please advise a representative in the Chelan County Human Resources Department.
- **Review the job posting carefully for any supplemental application materials required of the position being applied for.**
- Submit completed resume to Chelan County Human Resources, 400 Douglas Street, Suite 201, Wenatchee, WA 98801 or [human.resources@co.chelan.wa.us](mailto:human.resources@co.chelan.wa.us)

## APPLICANT INFORMATION

Position Applying For		Date
First Name	Last Name	Middle Initial
Mailing Address	City	State
Street Address (If different than above)	City	State
Cell Phone	Home Phone	Email Address
Do you possess a valid driver's license? (Only if required for position) Yes No		Expiration Date:
Issuing State:	License #:	
Do you possess a CDL? (Only if required for the position) Yes No		Expiration Date:
Issuing State:	CDL #:	
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No		
After hire are you able to provide Proof of Citizenship or Immigration Status? Yes No		
Have you ever been employed with Chelan County before? Yes No		
If yes, give date and department:		
Are you related to anyone currently employed by Chelan County? Yes No		
If yes, include name, relationship and department:		
On what date would you be available to work?		
List any foreign languages you can speak, read or write:		
Speak	Fluent: _____	Good: _____ Fair: _____
Read	Fluent: _____	Good: _____ Fair: _____
Write	Fluent: _____	Good: _____ Fair: _____

EDUCATION, TRAINING AND SKILLS			
High School Graduate or GED completed?    Yes        No        If no, highest grade completed:			
Name of High School, College or Vocational School	Academic Major, Skill or Trade	No. of Years Attended	Degree Earned
List any professional licenses or certifications related to the position applying for:			
Summarize any special job-related skills and qualifications acquired from employment or other experience:			

EXPERIENCE AND EMPLOYMENT HISTORY				
Resumes may be attached but will not be accepted as a substitute for completing this section. <b>Beginning with your present or most recent employment, list your work experience for the last 10 years.</b> Include any job-related military service assignments and volunteer activities that you feel represent qualifying work experience for the position for which you are applying. Attach additional sheets if necessary. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.				
From (Month & Year)	Present Position Title	Employer's Name		Phone Number
To (Month & Year)	Employer's Street Address	City	State	Zip
Supervisor's Name and Title			Supervisor's Phone Number	
Hours Worked per Week	May we contact your present employer?    Yes    No			
Reason For Leaving or Considering Change				
Primary Duties				

From (Month & Year)	Position Title	Employer's Name		Phone Number
To (Month & Year)	Employer's Street Address	City	State	Zip
Supervisor's Name and Title			Supervisor's Phone Number	
Hours Worked per Week	May we contact your previous employer? Yes No			
Reason For Leaving or Considering Change				
Primary Duties				
From (Month & Year)	Position Title	Employer's Name		Phone Number
To (Month & Year)	Employer's Street Address	City	State	Zip
Supervisor's Name and Title			Supervisor's Phone Number	
Hours Worked per Week	May we contact your previous employer? Yes No			
Reason For Leaving or Considering Change				
Primary Duties				
From (Month & Year)	Position Title	Employer's Name		Phone Number
To (Month & Year)	Employer's Street Address	City	State	Zip
Supervisor's Name and Title			Supervisor's Phone Number	
Hours Worked per Week	May we contact your present employer? Yes No			
Reason For Leaving or Considering Change				
Primary Duties				

**REFERENCES**

Provide Name, Title, Organization and Phone Number for three (3) professional references:

- 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 without 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:** \_\_\_\_\_

***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.***