

# GRANT COUNTY PUBLIC WORKS

124 Enterprise St. SE; Ephrata, WA 98823  
509.754.6082; fax 509.754.6087

## APPLICATION FOR EMPLOYMENT

It is Grant County's policy to provide equal employment opportunity to all qualified persons and that applicants and employees be treated fairly at all times without regard to race, color, sex, creed, religion, age, marital status, sexual orientation, national origin, political ideology, union activity, industrial injury, whistleblower activities, the presence of any sensory, mental or physical handicap, veteran status, and any other basis that is prohibited by local, state or federal laws.

Instruction for completing the application: Please complete all sections even if you submit a resume. Completion of supplemental forms may also be required. Please review the job announcement and note the closing date. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position Applied For \_\_\_\_\_ WA State Drivers License No.: \_\_\_\_\_  
Endorsments (if any): \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_  
Type of employment Desired  Full-time  Part-time  Temporary  Seasonal  Educational Co-op

### Referral Source

Advertisement \_\_\_\_\_  Website  Employee  Friend  Walk-in  Agency

### Personal

Name (last)	(first)	(middle initial)	
Mailing Address			Home Telephone ( )
City	State	Zip Code	Message Telephone ( )

If you are under the age of 18, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked under another name? If yes, list previous name(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for work with Grant County before? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approximate Date Mo/Yr	
Have you ever worked for Grant County before? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Approximate Date Mo/Yr	
Do you have any relatives currently employed with Grant County? If yes, name of relative(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed? If so, may we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available to begin work?	Desired Salary?	
Are you legally qualified to work in the United States? (Proof of eligibility will be required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the position for which you have applied? (If you have questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before answering this question). If no, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have responsibilities that would prevent you from regular attendance and punctuality, relocating, traveling, working unusual hours (including nights and weekends), or overtime if required by the job? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years? (A conviction record will not necessarily bar you from employment) If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Education**

Type of School	Name and address of school	Subject/ Major	Last Year Attended	Graduated	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Additional Education, Experience or Qualifications**

List any other education, training, seminars, certificates, licenses, experience, honors received or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any military service you would like considered.

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**Professional Organizations**

List any professional, trade, business or civic organizations that deal with the position for which you are applying. (Exclude memberships which reveal sex, race, religion, national origin, age, disability or other protected status).

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**Additional**

State any additional information you feel may be helpful in considering your application.

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**References**

List three professional/business references that are not related to you. If not applicable, list three school or personal references not related to you.

Name/Title	Address	Telephone ( )	Years known
Name/Title	Address	Telephone ( )	Years known
Name/Title	Address	Telephone ( )	Years known

### Employment History

Provide the following information for your current and past employers, assignments or volunteer activities, starting with the most recent (use additional pages if necessary).

Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities.
Address		From To	
Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	
Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities
Address		From To	
Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	
Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities
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Reason for leaving		Ending \$	
Employer	Telephone	Dates Employed	Summarize the type of work performed and the job responsibilities
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Job Title		Rate of Pay	
Immediate Supervisor/Title		Starting \$	
Reason for leaving		Ending \$	

### Comments

Additional information regarding your work history.

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I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# AFFIRMATIVE ACTION INFORMATION

Completing this form will enable Grant County to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation responding to

the questions below. This information will be treated as confidential, and will be available *only* to authorized personnel. Please review the Affirmative Action Definitions at the bottom of the page.

\_\_\_\_\_  
Name (Last, First, Middle Initial)

\_\_\_\_\_  
Date of Birth

1. **What race or culture do you consider yourself?** Please check only one group. If you are more than one race, please check "Other Race".

2. **Are you Spanish, Hispanic or Latino?** If yes, please check one box below:

Black/African American       White/Caucasian

Asian or Pacific Islander (API) (if API, please check one box below):

<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Asian Indian
<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Laotian
<input type="checkbox"/> Other (identify below)	<input type="checkbox"/> Guamanian

Indian (American) (Please identify name of the enrolled or principle tribe on the line below:  
\_\_\_\_\_

Eskimo       Aleut

Other Race (please indicate race or culture and list in order of preference for any Affirmative Action purposes):  
\_\_\_\_\_

Mexican, Mexican-American, Chicano  
 Puerto Rican       Cuban  
 Other Spanish/Hispanic/Latino (print one group below, such as Columbian, Dominican, Nicaraguan, Spaniard):  
\_\_\_\_\_

3. **Are you?**

Male       Female

4. **Have you ever been on active duty in the U.S. Armed Forces?**

No       Yes      Dates \_\_\_\_\_  
 Vietnam-era Veteran  
 Disabled Veteran: Percent of disability: \_\_\_\_\_ %

5. **Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking and/or learning?**

Yes       No

6. **Do you have a physical, mental or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?**

Yes       No

## Affirmative Action Definitions

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian or Pacific Islander.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example; China, Japan, Korea, Pakistan, the Philippine Republic and Samoa.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, Mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled Veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from duty with other than dishonorable discharge.