



EMPLOYMENT APPLICATION

RETURN BY MAIL TO:
Spokane County
Human Resources Department
1229 West Mallon
Spokane, WA 99260-0230
or fax to (509) 477-5642

EQUAL OPPORTUNITY EMPLOYER • DRUG-FREE WORK ENVIRONMENT

PLEASE READ: Read the complete job posting before filling out this application. Type or print legibly in ink. This application must be completed in full. **A resume does not replace any section of this application.** All statements are subject to verification. Keep a copy of your completed application and attachments, as they will not be returned. All application materials must be received in the Human Resources Office by the closing date/time of the recruitment applied for to be eligible for consideration; no postmarks will be accepted.

APPLICATION FOR

Title of Position:	Posting No.:
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APPLICANT INFORMATION *(Social Security information is optional)*

Last Name:	First:	M.I.:	Social Security #:
Mailing Address:		City:	State: Zip Code:
Home Phone () -	Daytime Phone () -	Email:	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing State:	
<small>(only if required for position)</small>			

PREVIOUS EMPLOYMENT

Have you previously been employed by Spokane County? Yes No Dates: _____ Title: _____

RELATIVES EMPLOYED BY COUNTY

(Information used for nepotism policy only)	WORK AVAILABILITY
<u>Name</u>	Will you accept? <input type="checkbox"/> Regular <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal
<u>Department</u>	Will you accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call
	Shifts you will accept? <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard

CRIMINAL CONVICTIONS (A non-job related conviction does not necessarily bar you from employment - WAC 162.12.140)

Have you been convicted by a court of law within the past ten years? Yes No If yes, please explain: _____

LICENSES AND CERTIFICATES (List professional or trade licenses that are related to the position, i.e. ICBO, ICC, CDL)

Description	Issued By	Expiration Date
		/ /
		/ /

EDUCATION

Select highest grade completed: 8 9 10 11 12 GED College: 1 2 3 4 Grad Work? Yes No

POST-HIGH SCHOOL EDUCATION/TRAINING NAME AND LOCATION	ACADEMIC MAJOR, SKILL OR TRADE	CREDITS EARNED		DEGREE (BA/BS, AA/AAS)
		SEM	QTR	

If you need accommodation in order to complete or participate in the process because of an impairment or disability, please notify Human Resources at (509) 477-5750.

EMPLOYMENT HISTORY: Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Include months, days, and years. Failure to provide all information required may result in rejection of application. **Supplemental pages may be used to expand on work history and/or education using the application format. Because resumes may contain unfair pre-employment inquiry information, resumes will not be accepted in place of completing this application.**

COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED
ADDRESS:	FROM: / /	SPECIFIC DUTIES:	
PHONE: () -	TO: / /		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK		
REASON FOR LEAVING:	FINAL SALARY: \$		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED
ADDRESS:	FROM: / /	SPECIFIC DUTIES:	
PHONE: () -	TO: / /		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK		
REASON FOR LEAVING:	FINAL SALARY: \$		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED
ADDRESS:	FROM: / /	SPECIFIC DUTIES:	
PHONE: () -	TO: / /		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK		
REASON FOR LEAVING:	FINAL SALARY: \$		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED
ADDRESS:	FROM: / /	SPECIFIC DUTIES:	
PHONE: () -	TO: / /		
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK		
REASON FOR LEAVING:	FINAL SALARY: \$		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List further job duties and employment history on additional sheets using application format.

ADDITIONAL INFORMATION: You may include any comments that may show further qualifications for this position.

AGREEMENT: All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I understand that reference checks and/or job-related background checks may occur and I release the County of Spokane, all employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing information. If a conditional job offer is made, I agree I may be requested to undergo job-related medical examinations, inquiries and/or a drug/alcohol screening test, and understand that employment is contingent upon satisfactory outcome of those examinations and inquiries.

Signature _____

Date _____

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

*(This information is voluntary and in no way affects the outcome of your application.
This form will be detached from your application and kept separate and confidential.)*

Spokane County is an Equal Opportunity Employer. We are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. We appreciate your *voluntary* cooperation in answering the questions on both sides of this questionnaire.

Name: _____ Social Security #: ____ - ____ - ____ Position applying _____ Posting No.: _____

Birth Date: __/__/____ Sex: Female Male

Disabled veteran status: Yes No Vietnam Era Are you disabled? Yes No

Ethnic Origin:

- White - persons of European descent.
- Black - persons of African descent as well as Jamaican, Trinidadian and West Indian.
- Hispanic - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.
- Asian American - persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent.
- Native American - persons who identify themselves as American Indian, Native American, Aleut, Eskimos.
- Native Hawaiian or Pacific Islander.

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

(Please fill this out for statistical purposes)

- Phone contact - walk in
- Job Hotline
- Job Fair
- Currently an employee of Spokane County
- Informed/referred by Spokane county employee
- Spokane County Website
- Spokesman Review
- Other: _____
- Other website: _____
- Other newspaper/journal: _____

DEADLINES FOR SUBMITTING APPLICATIONS: All application materials must be received by the Human Resources Department **by 4:30 p.m.** on the closing date of the recruitment. No additional materials will be accepted after the closing date. No postmarks will be accepted.

SPOKANE COUNTY HUMAN RESOURCES

(509) 477-5750 (TDD AVAILABLE) JOB HOTLINE: (509) 477-JOBS <http://www.spokanecounty.org/>

(This form is in compliance with and has been approved by the Washington State Human Rights Commission, 04/02)

(rev. 07/08)

SPOKANE COUNTY

ADDITIONAL PAGE FOR EMPLOYMENT HISTORY

COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED	
ADDRESS:	FROM: ____ / ____ / ____	SPECIFIC DUTIES:		
PHONE: () -	TO: ____ / ____ / ____			
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK			
REASON FOR LEAVING:	_____			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	FINAL SALARY: \$ _____			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED	
ADDRESS:	FROM: ____ / ____ / ____	SPECIFIC DUTIES:		
PHONE: () -	TO: ____ / ____ / ____			
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK			
REASON FOR LEAVING:	_____			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	FINAL SALARY: \$ _____			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED	
ADDRESS:	FROM: ____ / ____ / ____	SPECIFIC DUTIES:		
PHONE: () -	TO: ____ / ____ / ____			
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK			
REASON FOR LEAVING:	_____			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	FINAL SALARY: \$ _____			
COMPANY NAME:	DATES EMPLOYED (Month/Day/Year)	JOB TITLE:	NO. EMPLOYEES SUPERVISED	
ADDRESS:	FROM: ____ / ____ / ____	SPECIFIC DUTIES:		
PHONE: () -	TO: ____ / ____ / ____			
SUPERVISOR NAME:	AVERAGE HOURS WORKED/WEEK			
REASON FOR LEAVING:	_____			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No	FINAL SALARY: \$ _____			

SPOKANE COUNTY