



# Whitman County Employment Application

Phone: (509) 397-6205 – 400 N. Main, Colfax WA 99111

**APPLICANTS: To be considered for employment, this application must be completed entirely.**

- Please type or print clearly, read, sign and date the second page
- Exclude information which would reveal sex, race, religion, national origin, age, ancestry, physical disability, or other protected status
- A separate application must be filled out for each opening applied for
- This is not a public document

**SUBMIT completed applications by 5:00 PM on the closing date to:** (Applications postmarked after the closing date will not be accepted)

- **Mail:** Whitman County Human Resources - 400 N Main St, Colfax, WA 99111
- **Fax:** (509) 397-6355
- **Email:** jobs@whitmancounty.net

**Whitman County is an Equal Opportunity Employer and ADA compliant. If any accommodations are needed, please contact Human Resources at 509-397-6205**

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Education – Circle highest completed in school. Elementary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

	Name of School	Location	Diploma or Degree	Major
High School				
University/College				
Graduate School				
Vocational Training				

Have you been employed by Whitman county before? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_ Position: \_\_\_\_\_

What skills, training and work experiences qualify you for this position? \_\_\_\_\_

\_\_\_\_\_

Professional memberships and trade licenses. \_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

Please list three references, not related to you.

Name	Address	Phone Number

# Employment History

***This section must be completed entirely. Do not substitute a resume. List work experience from the past 10 years, OR the 3 most recent jobs, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. Explain all breaks in continuous employment.***

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_  
Dates: \_\_\_\_\_  Full-time  Part-Time  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  
\_\_\_\_\_  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_  
Dates: \_\_\_\_\_  Full-time  Part-Time  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  
\_\_\_\_\_  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Title: \_\_\_\_\_ Address: \_\_\_\_\_  
Describe Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_  
Dates: \_\_\_\_\_  Full-time  Part-Time  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  
\_\_\_\_\_  Yes  No

## **PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

Whitman County is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status. Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to Whitman County, will result in immediate termination of my employment.

I authorize any of the persons or organizations named in this application to give Whitman County complete information and records regarding my employment, education, character and qualifications. I release Whitman County and all previous employers and supervisors from liability for any damages that may result from furnishing information to Whitman County.

I understand that, if an offer of employment is made and accepted, I will be required to provide proof of my identity and my legal right to work in the United States prior to beginning actual work for the county.

In consideration of my employment, I agree to conform to the instructions, rules and policies of Whitman County. My employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the county or myself. I agree that any disputes arising from my employment or termination of my employment will be resolved under the grievance procedure that is in effect in the employer's policy manual. I understand that no representative of the county has any authority to enter into any agreement for employment for any specified period of time, except for temporary or seasonal positions, or to make any agreement contrary to the foregoing.

Due to the job responsibilities of some positions concerning confidentiality, the handling of funds, and/or obtaining bonds, I understand that I may be required, prior to employment, to provide additional personal information, at minimum a valid driver's license number and/or my birth date.

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

How did you learn of this position?  Newspaper: \_\_\_\_\_  Courthouse Posting  Friend Relative  
 Employment Security Dept.  Other: \_\_\_\_\_

The Washington State Human Rights Commission requests that we compile statistics on our applicants. This information will be maintained separately from your application and will not be used in a discriminatory manner. We would appreciate your assisting us by voluntarily providing the following information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

What gender are you?  Male  Female

With which race/ethnic group do you identify (Mark all that apply)

White  Black or African American  Asian  American Indian/Alaska  
 Native Hawaiian or Other Pacific Islander  Hispanic or Latino  Two or More Races  Other: \_\_\_\_\_