

COLUMBIA COUNTY

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () E-mail Address: _____

Date Available: _____ Do you have a current Washington State Driver's License?

Type of license: CDL Class A CDL Class B No Endorsement Other

Drivers License #: _____

Position Applied for: _____

Are you under 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, can you provide proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Columbia County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		

Education

High School:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:	Address:				
From: _____ To: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

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Full Name:

Relationship:

Company:

Phone: ()

Address:

Previous Employment

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ()

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Skills and Qualifications

Summarize skills and qualifications that may qualify you to work for Columbia County:

Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

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If other than honorable, explain:

Disclaimer and Signature

PLEASE READ CAREFULLY BEFORE SIGNING

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 Columbia County the right to investigate all references and to secure additional information about me, if job related. I authorize Columbia County to conduct a criminal background check in connection with its consideration of me for employment. I hereby release from liability Columbia County and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I agree to provide a certified copy of my driver's record from the Department of Motor Vehicles. I understand that the information contained in my driver's record will be used to evaluate my qualification and selection for employment with Columbia County

Columbia County is an Equal Opportunity Employer. Columbia County does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

SIGNATURE:

DATE:

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