



Asotin County PTBA

1494 Poplar Street
Clarkston, WA 99403
509-758-3567 Phone
509-758-3594 Fax



Complete all information. Incomplete applications may delay or disqualify you.

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ Cell: () _____ E-mail Address: _____

Date Available: _____ How did you hear of opening? _____

Position Applied for: _____

Are you authorized to work in the United States? YES NO
Have you ever worked for this company? YES NO If yes, when? _____

I have read the job description and can perform the essential functions with or without a reasonable accommodation. YES NO If no, explain: _____ Accommodations: _____

(Note: This information is necessary so that if hired, we can have an accommodation in place when you begin working. Please let us know if you need an accommodation to apply for employment)

Do you have any relatives working for Asotin County? YES NO If yes, what department? _____

Education

High School: _____ City & State: _____
Did you graduate? YES NO Degree: _____

College: _____ City & State: _____
Did you graduate? YES NO Degree: _____

Other: _____ City & State: _____
Did you graduate? YES NO Degree: _____

Relevant professional certificates and/or licenses: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

In order to receive veteran's preference a copy of your DD-214 must be submitted.

Disclaimer and Signature

Thank you for your interest in working for Asotin County PTBA. All qualified applicants will receive consideration for employment and will not be discriminated against on the basis of disability, ethnicity/race, national origin, religion, gender, veteran status or any other basis protect by law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state or federal law. Asotin County PTBA is committed to providing access and reasonable accommodation in its services, programs, activities and employment for individuals with disabilities. To request disability accommodation in the application process, contact Asotin County PTBA 509-758-3567 (phone). (TTY WA Relay 711)

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Asotin County PTBA, I hereby authorize any employers or supervisors, educational institutions, personal and professional references and /or other persons to release any and all requested information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and RCW 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Asotin County PTBA and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Asotin County PTBA and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Asotin County PTBA and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Signature: _____ Date: _____