

**DOUGLAS COUNTY CIVIL SERVICE COMMISSION**

**(509) 884-6965**

**100 19<sup>th</sup> St. NW STE. A ~ East Wenatchee, WA 98802**

**APPLICATION FOR EMPLOYMENT TESTING**

**CONFIDENTIAL**

**For Office Use Only**

<b>Date Received:</b> _____	<b>By:</b> _____	<b>Application Complete?</b> [ ] Yes [ ] No
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PLEASE TYPE OR PRINT – FULLY ANSWER ALL QUESTIONS – USE INK ONLY  
An Incomplete Statement May Disqualify Your Application

**Position Applied For:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Last	First	Middle Initial	Date of Birth
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Mailing Address \_\_\_\_\_

Street or Box	City	State	Zip
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Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Home / Message	Work/Cell	Please PRINT
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Have you ever been employed by the County? Yes [ ] No [ ] Dates: From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the County? Yes [ ] No [ ] If yes, name: \_\_\_\_\_  
(There are some limitations on employment of relatives to avoid conflicts of interest. Each case is considered separately.)

Have you ever been a member of PERS (Public Employees Retirement System)? Yes [ ] No [ ]  
If yes, and you become employed by Douglas County, you will be required to fill out a PERS Eligibility Work Sheet prior to employment (RCW 41.50.130).

**Information you provide in this application statement will be used to help evaluate whether or not you will be invited to further test or interview for the position. Use your best efforts completing this application statement. If you require an accommodation to participate in any testing process, then please notify the Civil Service Chief Examiner prior to the closing date listed on the notice for this position or testing.**

Have you ever been convicted of a felony or any domestic violence offense? Yes [ ] No [ ]  
If yes, provide the date, court, offense, and sentence for each conviction:

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(A prior conviction may not necessarily bar an applicant from employment.)

Do you have a valid driver's license? Yes [ ] No [ ] State: \_\_\_\_\_ Number: \_\_\_\_\_

Are you able to perform the primary duties of the job as outlined in the job description? Yes [ ] No [ ]

### EDUCATION AND TRAINING

Do you have a high school diploma or have you received a GED? Yes [ ] No [ ]

<u>University, College, and Voc-Tec Education</u>	<u>Degree/Certificate/Course of Study</u>	<u>Date Awarded</u>
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<u>Professional and Trade Licenses</u>	<u>Issued By</u>	<u>Expiration Date</u>
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Have you completed an apprenticeship? Yes [ ] No [ ] Which craft(s)? \_\_\_\_\_

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### SPECIAL SKILLS AND QUALIFICATIONS

List any Special Skills possessed or Specialty Equipment you can operate: \_\_\_\_\_

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List any foreign languages you speak or comprehend:

\_\_\_\_\_ Skill level? Speak: Fluent [ ] Good [ ] Fair [ ] Write: Fluent [ ] Good [ ] Fair [ ]  
Comprehend: Fluent [ ] Good [ ] Fair [ ]

\_\_\_\_\_ Skill level? Speak: Fluent [ ] Good [ ] Fair [ ] Write: Fluent [ ] Good [ ] Fair [ ]  
Comprehend: Fluent [ ] Good [ ] Fair [ ]

List any other skills, abilities or experience you possess that you believe may be relevant to this position:

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## EMPLOYMENT EXPERIENCE

List all jobs you have held during the **past 10 years**. Begin with your current or most recent job. List any periods of unemployment, education, or military. If additional pages are needed, you may copy this page. Complete this form even if submitting a resume.

**PLEASE NOTE: Information obtained from current or previous employers and/or references is confidential.**

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<u>Dates (Mo./Yr.)</u>	Employer Name & Address	Position Title
From:	_____	_____
	_____	Supervisor's Name & Title
To:	_____	_____
	_____	Reason for Leaving _____
	_____	_____
Phone Number (____)	_____	Wage: \$_____ [ ] Monthly [ ] Weekly [ ] Hourly
Hours per Week _____		May we contact this employer? [ ] Yes [ ] No

Duties (include responsibilities, knowledge, skills, abilities required, employees supervised, accomplishments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<u>Dates (Mo./Yr.)</u>	Employer Name & Address	Position Title
From:	_____	_____
	_____	Supervisor's Name & Title
To:	_____	_____
	_____	Reason for Leaving _____
	_____	_____
Phone Number (____)	_____	Wage: \$_____ [ ] Monthly [ ] Weekly [ ] Hourly
Hours per Week _____		May we contact this employer? [ ] Yes [ ] No

Duties (include responsibilities, knowledge, skills, abilities required, employees supervised, accomplishments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<u>Dates (Mo./Yr.)</u>	Employer Name & Address	Position Title
From:	_____	_____
	_____	Supervisor's Name & Title
To:	_____	_____
	_____	Reason for Leaving _____
	_____	_____
Phone Number (____)	_____	Wage: \$_____ [ ] Monthly [ ] Weekly [ ] Hourly
Hours per Week _____	_____	May we contact this employer? [ ]Yes [ ]No

Duties (include responsibilities, knowledge, skills, abilities required, employees supervised, accomplishments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>Dates (Mo./Yr.)</u>	Employer Name & Address	Position Title
From:	_____	_____
	_____	Supervisor's Name & Title
To:	_____	_____
	_____	Reason for Leaving _____
	_____	_____
Phone Number (____)	_____	Wage: \$_____ [ ] Monthly [ ] Weekly [ ] Hourly
Hours per Week _____	_____	May we contact this employer? [ ]Yes [ ]No

Duties (include responsibilities, knowledge, skills, abilities required, employees supervised, accomplishments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the name, address, telephone number, and email of three persons whom Douglas County Sheriff's Office should contact, other than former employers or your relatives, who have knowledge of your work habits and abilities, and have known you at least one year.

<u>Name</u>	<u>Address</u>	
_____	_____	
<u>Telephone No.</u>		<u>E-mail</u>
_____		_____

<u>Name</u>	<u>Address</u>	
_____	_____	
<u>Telephone No.</u>		<u>E-mail</u>
_____		_____

Name

Address

Telephone No.

E-mail

**PHOTOGRAPH IDENTIFICATION NECESSARY.** You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

**PRE-EMPLOYMENT PHYSICAL EXAMINATION MAY BE REQUIRED.** Douglas County is concerned that every county employee has the physical ability to safely perform his or her essential job functions. If you are offered employment, Douglas County may require a pre-employment physical examination. The physical examination is intended to evaluate whether you can safely perform essential job functions without risks to yourself, coworkers, and/or the public.

**PRE-EMPLOYMENT AND RANDOM DRUG TESTING.** Employees holding jobs that are Safety Sensitive Positions (i.e. positions requiring a Commercial Driver's License) are required, under federal law, to participate in random drug and alcohol testing programs. Douglas County strongly supports maintaining a Drug Free Work Place.

**EQUAL EMPLOYMENT OPPORTUNITY STATEMENT.** As an equal opportunity employer, Douglas County does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disability, marital status, prior military service, political affiliation, or any other legally protected status.

### **CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I hereby certify that all statements made in this application are complete and true, to the best of my knowledge. I understand that a full background investigation will be performed as a condition of employment and agree that any false or misleading statement shall be considered sufficient cause for employment disqualification or discharge from employment.

I authorize my current and former employer(s), unless otherwise indicated, to provide Douglas County Civil Service Commission or Douglas County Sheriff's Office all available information regarding my current and former employment. I authorize all schools, colleges, and universities that I have attended to provide Douglas County Civil Service Commission or Douglas County Sheriff's Office all available information regarding my education. I understand that such information may or may not be favorable. I hereby release my current and former employer(s), the educational institutions I have attended, the references I have listed, and the Douglas County Civil Service Commission and Douglas County Sheriff's Office, and their employees, from all claims liability and damages resulting from the release of information.

I am willing to take a pre-employment physical examination, pre-employment drug testing, a polygraph, a psychological evaluation or any further testing or training required, if I am offered employment.

I understand that, as a condition of employment, I must provide documentation to Douglas County within three (3) days after my employment to prove United States citizenship or a lawful permanent resident who can read and write the English language.

I authorize Douglas County Civil Service Commission and the Douglas County Sheriff's Office to investigate any of the information in this application. I authorize Douglas County and the Douglas County Sheriff's Office to review all driving record information available through the Department of Licensing.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**State of Washington Veterans' Scoring Criteria Status Declaration for Employment**

**NAME** \_\_\_\_\_  
Last First MI

- [RCW 41.04.005](#) "Veteran" defined for certain purposes [RCW 41.04.007](#) "Veteran" defined for certain purposes
- [RCW 41.04.010](#) provides for veterans' scoring criteria status to be added to the passing grade of certain veterans.

**1. I certify that:**

- ✓ I have been released from active military service or I am in receipt of separation orders; **AND**
- ✓ I received an honorable discharge or discharge for medical reasons with an honorable record

**IF YOU ANSWERED "NO" TO #1 ABOVE, YOU ARE NOT ELIGIBLE TO CLAIM POINTS AT THIS TIME.**

**2. Have you been appointed to a position with a state, county or municipal government or other political subdivision of the State of Washington *after* you were eligible for veterans' points?**

*If "Yes", please complete:*

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date appointed: \_\_\_\_\_

**IF YOU ANSWERED "YES" TO #2 ABOVE, YOU ARE NOT ELIGIBLE TO CLAIM POINTS AT THIS TIME.**

**3. Scoring Criteria Status Claimed (*check one if you are eligible*):**

- Ten percent (10%) to a veteran who served during a period of war or in an armed conflict as defined in RCW 41.04.005 and does not receive military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations.
- Five percent (5%) to a veteran who did not serve during a period of war or in an armed conflict as defined in RCW 41.04.005 or is receiving military retirement. The percentage shall be added to the passing mark, grade, or rating of competitive examinations until the veteran's first appointment. The percentage shall not be utilized in promotional examinations.

**4. Certification**

I certify that to the best of my knowledge I am entitled to the veterans' scoring criteria status as set forth in RCW 41.04.010, and that by falsely claiming veterans' scoring criteria status I will be disqualified from employment. I also understand that if employed, any misrepresentation of facts regarding my receiving veteran's scoring criteria status is sufficient cause for dismissal or other disciplinary action.

**SIGNATURE** \_\_\_\_\_ **DATE OF SIGNATURE** \_\_\_\_\_