

# APPLICATION FOR EMPLOYMENT

## **Okanogan County Transportation & Nutrition**

P.O. Box 471, Okanogan, WA 98840

509-826-4391

800-635-4391

**Provide all information requested in a clear and legible manner.** Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, or disability.

### General Information

Name (Last) (First) (Middle)	Home Telephone
Mailing Address (City) (State) (Zip)	email
Are you legally entitled to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no	Social Security Number
Names of Relatives Employed by this Company	
Contact Name in Case of Emergency (Include Phone number and relationship)	

**Position applied for:** \_\_\_\_\_

Have you ever been convicted of a crime? (including felony or misdemeanor) <input type="checkbox"/> yes <input type="checkbox"/> no	Will accept: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Is there anything that would prevent you from being able to perform the duties of the position for which you are applying? y <input type="checkbox"/> n <input type="checkbox"/>	
Have you ever violated the Department of Transportation Drug & Alcohol Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> no	

Please explain any "yes" answer  
\_\_\_\_\_  
\_\_\_\_\_

### Education and Training

High School Graduate or General Education Test Passed? <input type="checkbox"/> yes <input type="checkbox"/> no					
If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
List below: College, Business School, Military Experience, Etc. (Most recent first)					
Name and Location	Dates Attended	Graduated? yes / no	Degree	Year	Major or Subject
License, Certificate or Registration	Number	Where Issued	Date of Issue	Expiration Date	
Languages Read, Written or Spoken Fluently Other Than English					

**Special Skills** (List all pertinent skills and equipment that you can operate)


**Work Experience - Most Recent First** (Explain any breaks in employment over 3 months)

<b>Employer</b>	Telephone Number	From
<b>Address</b>	Name of Supervisor	Month/Year
<b>Your Job Title</b>	Number of Employees Supervised	To
<b>Specific Duties</b>		Month/Year
		Hours per week
		Ending Wage/Salary
<b>Reason For Leaving</b>		

<b>Employer</b>	Telephone Number	From
<b>Address</b>	Name of Supervisor	Month/Year
<b>Your Job Title</b>	Number of Employees Supervised	To
<b>Specific Duties</b>		Month/Year
		Hours per week
		Ending Wage/Salary
<b>Reason For Leaving</b>		

<b>Employer</b>	Telephone Number	From
<b>Address</b>	Name of Supervisor	Month/Year
<b>Your Job Title</b>	Number of Employees Supervised	To
<b>Specific Duties</b>		Month/Year
		Hours per week
		Ending Wage/Salary
<b>Reason For Leaving</b>		

<b>Employer</b>	Telephone Number	From
<b>Address</b>	Name of Supervisor	Month/Year
<b>Your Job Title</b>	Number of Employees Supervised	To
<b>Specific Duties</b>		Month/Year
		Hours per week
		Ending Wage/Salary
<b>Reason For Leaving</b>		

<b>Employer</b>	Telephone Number	From
<b>Address</b>	Name of Supervisor	Month/Year
<b>Your Job Title</b>	Number of Employees Supervised	To
<b>Specific Duties</b>		Month/Year
		Hours per week
		Ending Wage/Salary
<b>Reason For Leaving</b>		

I swear all statements in this application are true and correct. I understand that false information may be cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date