



**EDUCATION AND TRAINING**

<b>Have you graduated from high school or received a high school equivalency diploma? (GED)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If no, circle the highest grade completed:</b> 1 2 3 4 5 6 7 8 9 10 11 12									
College, Business or Trade School or Special Training	CREDITS COMPLETED		Major	Degree Certificate or Years Attended							
	SEMESTER HOURS	QUARTER HOURS									

**LANGUAGES:** List languages you speak, read and write other than English \_\_\_\_\_

**TYPE SPEED** \_\_\_\_\_ Net words per minute.

**EXPERIENCE:** Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format.

Employer's Name and Phone Number:	
Complete Address:	
Your Title:	From _____ To _____
Full Time - Part Time - Volunteer - Other	Hours per week                      Last monthly pay \$
Supervisors Name, Title, and Phone Number	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number:	
Complete Address:	
Your Title:	From _____ To _____
Full Time - Part Time - Volunteer - Other	Hours per week                      Last monthly pay \$
Supervisors Name, Title, and Phone Number	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number:	
Complete Address:	
Your Title:	From _____ To _____
Full Time - Part Time - Volunteer - Other	Hours per week                      Last monthly pay \$
Supervisors Name, Title, and Phone Number	
Duties:	
Reason for leaving or seeking other employment:	

Employer's Name and Phone Number:	
Complete Address:	
Your Title:	From _____ To _____
Full Time - Part Time - Volunteer - Other	Hours per week                      Last monthly pay \$
Supervisors Name, Title, and Phone Number	
Duties:	
Reason for leaving or seeking other employment:	

**Additional Qualifications and Skills:** *Machines, Equipment, Tools Used, Related Activities, etc.*

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**III. REFERENCES:** List three persons who are not related to you and who have definite knowledge of your qualification for the position for which you are applying.

Full Name	Present Business or Home Address (Street, City, State Zip)	Business or Occupation	Phone Number

Yes No 1. Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods on a separate sheet. (Note: Each conviction will be judged in relation to time, seriousness, circumstances, and relationship to the position sought, and will not necessarily bar you from employment).

Yes No 2. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.

Yes No 3. Would accommodation/assistance be helpful to you in taking the examination for this position? If yes, describe on a separate sheet.

Yes No 4. If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material (see posted job announcement), are you 18 years of age or older?

Yes No 5. Are you a citizen by birth, or a naturalized citizen of the U.S.?

Yes No 6. If no, are you eligible to work in the U.S.?

Yes No 7. Are you willing to have your current employer contacted regarding your employment record?

**IV. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT**

I hereby authorize any previous employer to give and release to Washington County any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Washington County from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Washington County to determine my competence for certain positions in the sheriff and corrections department or in departments where funds are involved, by obtaining credit, criminal and other job related information about me.

I understand that this employment application and any other County documents are not contracts of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. COMPLETE THIS SECTION ONLY FOR LAW ENFORCEMENT RELATED POSITIONS**

Yes No Are you currently POST (Peace Officer Standards and Training) certified in this state or another state?

If yes, specify state \_\_\_\_\_ Types of Certification: \_\_\_\_\_  
(Please attach a copy of your certification)

Yes No Are you 21 years of age or older: (Law Enforcement/Corrections only)

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS STATEMENT:** Having made application for employment with Washington County Government for the position of \_\_\_\_\_, I hereby authorize Washington County Government to conduct a detailed background investigation and understand that all information pertaining to such application and investigation will be kept confidential and released to only authorized individuals. I understand that should any investigation disclose any misrepresentation, falsification, omission or concealment of material fact, my application may be rejected and my name removed from the eligibility list, and if already appointed, I may be dismissed. I also understand that certain information or offenses may preclude me from further consideration or result in termination. I hereby release your organization or any other agency involved in releasing this information from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State and County statutes.

\_\_\_\_\_  
Signature of Applicant (original, not photocopy)

\_\_\_\_\_  
Date