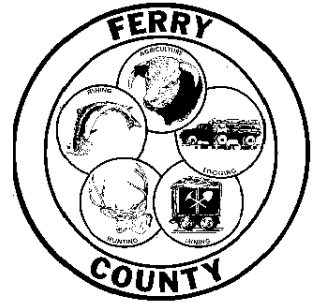


# FERRY COUNTY EMPLOYMENT APPLICATION



**FERRY COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER AND ENCOURAGES APPLICATIONS FROM ALL PERSONS REGARDLESS OF RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, AGE OR PHYSICAL, SENSORY OR MENTAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION.  
FERRY COUNTY IS A DRUG-FREE WORKPLACE.**

**PRINT IN INK OR TYPE**

Position Applied For \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Physical address: \_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Education (highest grade completed): \_\_\_\_\_

If College, list institution, degree, major and date of degree:  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills or Training: \_\_\_\_\_  
\_\_\_\_\_

Talents and/or Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Can you provide proof of citizenship, visa or alien registration number Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, list times unavailable \_\_\_\_\_

Washington State Drivers License Number: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

List all names you have ever used or gone by (include maiden name or names from previous marriages, if any):  
\_\_\_\_\_  
\_\_\_\_\_

List relatives presently employed by Ferry County:

Name                      Relationship                      Department                      Location

Have you ever been convicted of a felony? (If yes, explain and indicate what bearing, if any, this conviction would have on your qualification and fitness to assume and/or perform the duties and responsibilities of an employee of Ferry County)

Starting with your current or last job, include all periods of employment including self-employment, military service and volunteer work within the last five years. Please account for all periods of unemployment. Use additional sheets if necessary.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact any or all of your former employers? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please specify which one(s): \_\_\_\_\_

Employer:	Dates of Employment (Mo/Yr)	
Job Title:	From:	To:
Address:	Ending Salary:	
City, State, Zip:	Supervisor's Name & Title:	
	Business Phone:	
Work Performed:		
Reason for Leaving:		
Employer:	Dates of Employment (Mo/Yr)	
Job Title:	From:	To:
Address:	Ending Salary:	
City, State, Zip:	Supervisor's Name & Title:	
	Business Phone:	
Work Performed:		
Reason for Leaving:		

Employer:	Dates of Employment (Mo/Yr)	
Job Title:	From:	To:
Address:	Ending Salary:	
City, State, Zip:	Supervisor's Name & Title:	
	Business Phone:	

Work Performed:

Reason for Leaving:

Employer:	Dates of Employment (Mo/Yr)	
Job Title:	From:	To:
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City, State, Zip:	Supervisor's Name & Title:	
	Business Phone:	

Work Performed:

Reason for Leaving:

Employer:	Dates of Employment (Mo/Yr)	
Job Title:	From:	To:
Address:	Ending Salary	
City, State, Zip:	Supervisor's Name & Title:	
	Business Phone:	

Work Performed:

Reason for Leaving:

**NOTE:** A resume is optional, unless requested in job announcement as a supplement to this application.

### **UNDERSTANDING AND AGREEMENT**

In consideration of the review of this application and my possible employment by Ferry County, I agree to the following terms and conditions:

**Verification:** I verify that the information I have provided on this application is true and accurate. I understand that any false or misleading information that I furnish on or in connection with this application for employment may result in rejection of my application or termination of my employment.

**Authorization and Release:** I authorize Ferry County to conduct an investigation of my qualifications for employment. I realize that the investigation may include contacting my current employer or prior employers and references unless I have indicated otherwise on this form. To the fullest extent authorized by law, I release any and all persons and parties connected with the investigation from any and all claims or damages arising from the gathering or furnishing of information as part of that investigation.

**Background Check Authorization:** I understand that the County may do a Credit check, a Criminal Background Check, and any other legal background checks as required by the individual county departments.

**Alcohol and Drug Policy:** I understand that Ferry County has a Drug Free Workplace Policy concerning alcohol and drug use. I understand that if I become employed by Ferry County, I will be subject to the following as defined by the Ferry County Personnel Policy, adopted by **Resolution No. 2005-01 on March 7, 2005:**

**“After an offer of employment has been made, and prior to commencement of employment, the Appointing Authority may require persons selected for employment to successfully pass a medical examination, paid for by the County, which may include testing for alcohol and controlled substances. The purpose of the examination is to determine if the individual is physically able to perform the job and to ensure his/her physical condition will not endanger the health, safety or well-being of other employees or the public. The offer of employment may be conditioned on the results of the examination.”**

**By signing this application form, I certify that I have read and agree to the terms of the above employment Understanding and Agreement.**

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Applicant's Printed Name

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Applicant's Signature

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Date Signed