LINCOLN COUNTY PROSECUTOR'S OFFICE EMPLOYMENT APPLICATION

RETURN BY MAIL TO:
Lincoln County Prosecutor
P O Box 874
Davenport WA 99122
or fax to (509) 725-3478

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE READ: Read the complete job posting before filling out this application. Type or print legibly in ink. This application must be completed in full. A resume does not replace any section of this application. All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned. All application materials must be received in the Auditor's Office by the closing date/time of the recruitment applied for to be eligible for consideration; no postmarks will be accepted.

Position Applied For:	Date:

Last Name:	First Name:	Middle Name:		
Mailing Address:	City:		State:	Zip Code:
Home Phone: ( )	Daytime Phone: ( )	Email:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? [ ] Yes [ ] No

Have you ever filed an application with us before? [ ] Yes [ ] No
If yes, give date _____

Have you ever been employed with us before? [ ] Yes [ ] No
If yes, give date _____

Are you currently employed? [ ] Yes [ ] No

May we contact your present employer? [ ] Yes [ ] No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? [ ] Yes [ ] No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary

Are you currently on "lay-off" status and subject to recall? [ ] Yes [ ] No

Can you travel if a job requires it? [ ] Yes [ ] No

Have you been convicted of a felony within the last 7 years? [ ] Yes [ ] No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

_____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed: From: To:	Work Performed:
Address		
Telephone Number	Hourly Rate/Salary: Starting: Final:	
Job Title Supervisor:		
Reason for Leaving		

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

EDUCATION

	Elementary School	High School	College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12 GED	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status.

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1._____

2._____

3._____

Have you ever had any job-related training in the United States military? [ ] Yes [ ] No

If Yes, please describe_____

_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? [ ] Yes [ ] No

All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I understand that reference checks and/or job-related background checks may occur and I release Lincoln County, all employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing information.

Signature of Applicant_____ Date_____