



# Application for Employment

## Cowlitz-Wahkiakum Council of Governments

207 Fourth Avenue North, Kelso, WA 98626-9145  
(360) 577-3041 • Fax: (360) 425-7760 • Website: www.cwcog.org

Please read carefully and complete by printing in ink or typing. The application must be completed in full. Provide all information requested. You may attach a resume and supporting documents.

◆ *Unsigned or incomplete applications will not be processed.* ◆

How did you learn about us and/or this position? <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Friend /relative referral _____ <input type="checkbox"/> Our Website <input type="checkbox"/> Other _____ <input type="checkbox"/> Employment agency _____ <input type="checkbox"/> College/University announcement/listing _____	_____ <b>Position Applied for</b> _____ <b>Date of Application</b>
---	---

### EQUAL EMPLOYMENT OPPORTUNITY

It is our policy to seek and employ the best qualified personnel and individuals that best match the positions, to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

#### IMPORTANT

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.

_____			_____		_____	
Last Name	First Name	Middle Name				
_____			_____	_____	_____	
Address			City	State	Zip Code	
_____			_____			
Telephone Number			Alternate Contact Number (specify)			

Are you 18 years of age or older?	[ ] Yes [ ] No
Have you ever worked for us before? If so, provide department(s): _____	[ ] Yes [ ] No
Do you have any friends or relatives working for Cowlitz County?	[ ] Yes [ ] No
If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?	[ ] Yes [ ] No
Can you travel if the job duties require it or for required training purposes?	[ ] Yes [ ] No
Are you able to perform the essential functions of the job with or without reasonable accommodations?	[ ] Yes [ ] No
Check all shifts and days you <u>can</u> work:      (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Rotating days off <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating shifts <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
<b>Date you are available for work:</b> _____	<b>Expected Pay Rate:</b> _____

# EDUCATION

List any education, training and/or specialized experience (such as trade, vocational or technical school) you feel would help you perform the work and responsibilities of the position for which you are applying.

	Name of the Institution	Location (city & state)	Course of Study	Years Completed	Diploma or Degree Yes / No
High School or Equivalent					
Undergraduate College or University					
Graduate School					
Trade or Vocational School					
Trade or Vocational School					
Military					
Other					

**Describe any other specialized training, apprenticeship, license, extra-curricular activity you believe to be relevant or would help you perform the duties of the position for which you are applying. Please list where it was acquired.**


**List any other skill or qualification as it relates to this position or that you believe is relevant to this position.**


## Employment History

Starting with your present or most recent, list your previous employers. If more space is needed, continue in a separate sheet. You may attach a resume, but this portion of the application must be completed in full.

Last or present company		Type of Business	Title of position held	Current Salary
Street address		Phone #	Brief description of job duties	
City	State	Zip Code		
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
<b>May we contact your current employer? [ ] Yes [ ] No</b>				

Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Brief description of job duties	
City	State	Zip Code		
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				

Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Brief description of job duties	
City	State	Zip Code		
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				

Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Brief description of job duties	
City	State	Zip Code		
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				

**Criminal Record:** (A criminal record is not an automatic bar to employment. Do not list any arrest, charge or detention that did not result in conviction or any arrest, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.)  
**Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any crime other than traffic violations in the last 10 years?**       Yes       No      If yes, please explain:

---



---



---

**VERIFICATION AND SIGNATURE:**

1. I authorize the investigation of all matters which the CWCOG deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the CWCOG's expense. I authorize release of the results to the CWCOG and their use to evaluate my suitability for employment. I also release the CWCOG from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. This application will only be considered for this position and this job-opening announcement, unless otherwise notified by the CWCOG.
5. I understand and agree that if I am hired, the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Unsigned or incomplete applications will not be processed.***

**FOR INTERNAL USE ONLY**

Job Title: \_\_\_\_\_ Dept./Section: \_\_\_\_\_

Date Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hourly Rate/Salary: \$ \_\_\_\_\_

CWCOG Director Approval Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

---