

1397 Port Drive Clarkston, WA 99403 (509) 552-8117 jobs@asotincd.org

Complete all information. Incomplete applications will not be considered.

Full Name:			Date:					
Address:	Last	First		М.І.				
/1001055.	Street Address				Apartment/Unit #			
City		Cell: ( )		E-mail	State ZIP Code			
Phone: ()				Address:				
Date Available:		Social Security No:		How did you hear of opening?				
Position Applied for:								
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.? $\square$				
Have you ever worked for Asotin County Conservation District?		YES	NO	If yes, when?				
Do you have any relatives employed by Asotin County Conservation District?		YES		If yes, explain:				
I have read the job description and can perform the duties without an accommodation		YES	NO	If no, explain:				
Are you interested in a Full-time of a Part-time position?		Full-time	Part-time					
			Edu	cation				
High School:		C	ity & State					
From:	To:	Did you	ı graduate	YES NO	Degree:			
College:		City & State:						
From:	To:	Did you graduate		YES NO	Degree:			
Other:		C	ity & State	9:				
From:	To:	Did you	ı graduate	YES NO	Degree:			

Relevant professional certificates and/or licenses:

References											
Please list three professional references.											
Full Name:		Relationsh	nip:								
Company:				Phone:	(	)					
Address:											
Full Name:		Relationsh	nip:								
Company:				Phone:	(	)					
Address:											
Full Name: Relationship:											
Company:				Phone:	(	)					
Address:		_									
	Previous Er	nployme	nt								
Company:				Phone:	(	)					
Address:				Supervisor:							
Job Title:											
Responsibilities:											
From: To:	Reason for L	eaving:									
May we contact your previous supervisor for a refer	ence?	YES									
Company:				Phone:	(	)					
Address:				Supervisor:							
Job Title:											
Responsibilities:											
From: To:	Reason for L	_eaving:									
May we contact your previous supervisor for a refer	ence?	YES	NO								
Company:				Phone:	(	)					
Address:				Supervisor:							
Job Title:											
Responsibilities:											
From: To:	Reason for L	eaving:									
May we contact your previous supervisor for a refer	ence?	YES									

## **Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with Asotin County Conservation District, I hereby authorize any employers or supervisors, educational institutions, personal and professional references and /or other persons to release any and all requested information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 <u>et seq.</u>, the Privacy Act of 1974, the Freedom of Information Act, and RCW 42.17 <u>et seq.</u>, and specifically waive those rights understanding that the information furnished will be used by Asotin County Conservation District and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Asotin County Conservation District and/or its agencies or departments in conjunction with this employment process and herby expressly waive any rights I may have to request the disclosure or information provided by you to Asotin County Conservation District and/or its agencies or departments in conjunction with procedures.

All former employers who provide such information are indemnified and released form liability arising from such disclosures.

Signature:

Date: