

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

Complete all information

	Complete	an information. Incomp	ete applit		de considered.	
Full Name:			Date:	Date:		
	Last	First	M.I.			
Address:						
	Street Address				Apartment/Unit #	

Incomplete explications will not be consider

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

References										
Please list three professional references.										
Full Name:										
Company:				Phone:	()				
Address:										
Full Name:		Relationsh	nip:							
Company:				Phone:	()				
Address:										
Full Name:		Relationsh	nip:							
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 reference?										
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:										
Responsibilities:										
From: To:	Reason for L	_eaving:								
May we contact your previous supervisor for a reference?										
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:										
Responsibilities:										
From: To:	Reason for L	eaving:								
May we contact your previous supervisor for a refer	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: