

COWLITZ 911

Police • Fire • Medical



Cowlitz 911

Application for Employment

2790 Ocean Beach Hwy

Longview, WA 98632

(360)762-6800

POSITION DESIRED:

OVER 18 YEARS OF AGE:

YES

NO

LAST NAME

FIRST

MIDDLE INITIAL

DATE OF APPLICATION

PHYSICAL ADDRESS:

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

PHONE NUMBERS:

HOME:

WORK:

CELL:

HOW WERE YOU
REFERRED TO
OUR AGENCY?

A
BY YOUR
COLLEGE

B
ADVERTISEMENT

C
WALK-IN

D
BY AN
EMPLOYEE

WHO?

E
EMPLOYMENT
AGENCY

F
OTHER

Please read carefully and complete by printing in ink or typing.

Provide all information requested. **You must attach a resume and cover letter, but application must still be completed in full.**

Applications are retained according to the requirements of the State of Washington Records Retention Schedule. However, applicants must complete a new application and testing process to be considered for a new Eligibility List.

As a condition of employment, documentation is required to prove eligibility to obtain employment along with personal identification as required by the Immigration Reform and Control Act of 1986.

Cowlitz 911 is an equal employment opportunity employer, and does not and will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status, sexual orientation, or status as a veteran. Information provided on this application will not be used for any discriminatory purpose.

Cowlitz 911 has adopted a drug-free workplace policy that requires pre-employment drug testing and other forms of drug and alcohol testing as described in the department policy.

Education History

| School Name | Location (city, state) | Major Course or Subject Studied | Graduated | | Degree (or # credits completed) |
|---|---------------------------|------------------------------------|-----------------------|----|------------------------------------|
| | | | Yes | No | |
| | | | | | |
| Technical /Trade (after high school) | | | | | |
| | | | | | |
| College (list all attended) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other education/ training | | | | | |
| | | | | | |
| | | | | | |
| Military Service | Branch | MOS | Date of Enlistment | | Discharge Date |

Special Skills

| Office/Clerical Work: | | | | List below other skills/languages: |
|----------------------------|-----------|-----|-----------|------------------------------------|
| Typing | Yes No | WPM | YRS. EXP. | |
| speedwriting/ Shorthand | Yes No | WPM | YRS. EXP. | |
| Computer Skills | Yes No | | YRS. EXP. | |

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. **You may attach a resume, but this portion of the application must be completed in full as well.**

| | | | |
|----------------------------|-------|------------------|---------------------------------|
| Last or current company | | Type of business | Title of Position Held |
| Street Address | | Phone No. | Brief description of job duties |
| City | State | ZIP Code | |
| Supervisors Name and Title | | Phone No. | |
| Dates worked | | From: | To: |
| Reason for Leaving | | | |


| | | | |
|----------------------------|-------|------------------|---------------------------------|
| Company | | Type of business | Title of Position Held |
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| | | | |
|----------------------------|-------|------------------|---------------------------------|
| | | Type of business | Title of Position Held |
| Street Address | | Phone No. | Brief description of job duties |
| City | State | ZIP Code | |
| Supervisors Name and Title | | Phone No. | |
| Dates worked | | From: | To: |
| Reason for Leaving | | | |

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying

| Name | Title/Relationship | Address | Phone No. | Occupation |
|---------------------------------------|--------------------|---------|-----------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| May we contact your present employer? | | | Yes | Date Available: |
| | | | No | |



I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for withdrawal of my application or separation from Cowlitz 911, if employed.

I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the department or myself.

With my signature below, I authorize Cowlitz 911 to contact the references, employers, educational institutions, and other organizations or individuals identified in this application for the purpose of verifying my qualifications, employment history, education, certifications, and other job-related information.

I understand that, if I am selected for further consideration or offered employment, Cowlitz 911 may conduct a background investigation consistent with applicable federal, state, and local laws and agency policy.

I release from liability Cowlitz 911 and persons or entities providing job-related information in good faith in connection with my application for employment.

If employed, I release Cowlitz 911 from any liability for future references it may provide regarding my work history at the department.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.