



FRANKLIN COUNTY EMERGENCY MANAGEMENT

1011 E. Ainsworth St.

Pasco, WA 99301

(509) 545-3546



AUTHORITY TO RELEASE INFORMATION

I understand that in processing my application an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, and personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquired or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

I agree that any decision to hire me is contingent upon the results of my investigative report. I also understand that false or misleading statements on this application or concealment of requested facts may be considered cause for dismissal.

FULL NAME: _____

SIGNATURE: _____

DATE: _____

FRANKLIN COUNTY EMERGENCY MANAGEMENT

Application for Employment

1011 E. Ainsworth St.
Pasco, WA 99301
(509) 545-3546
FAX # (509) 545-2139 or sdavis@franklincountywa.gov

Position Applied For _____

**AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU
IN ADDITION, PLEASE SUBMIT A RESUME
ALL APPLICATIONS MUST BE COMPLETED FULLY**

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ MESSAGE: () _____ WORK: () _____

ARE YOU A CURRENT OR FORMER FRANKLIN COUNTY EMPLOYEE? _____ POSITION/DEPT.: _____ DATES: _____

RELATIVES EMPLOYED BY FRANKLIN COUNTY EMERGENCY MANAGEMENT? _____ RELATIONSHIP: _____

AVAILABILITY: _____ WILL YOUR PHYSICAL CONDITION IMPEDE YOUR JOB PERFORMANCE? _____

IF YES - explain how: _____

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION (CITY, STATE)	MAJOR/MINOR COURSES	DEGREE
HIGH SCHOOL OR GED			
BUSINESS OR TECH			
UNDERGRADUATE STUDIES			
GRADUATE STUDIES			
OTHER JOB RELATED TRAINING AND/OR PROFESSIONAL LICENSES			

Please briefly list the computer equipment and software you are experienced with, as well as, the number of years of experience with the equipment and software.

DO YOU HAVE A VALID WASHINGTON STATE DRIVER'S LICENSE? _____ LICENSE NUMBER: _____

DO WE HAVE YOUR PERMISSION TO CONTACT REFERENCES/FORMER EMPLOYERS? _____ CURRENT EMPLOYER? _____

IF REQUESTED, ARE YOU WILLING TO TAKE A MEDICAL EXAM AND BE FINGERPRINTED? _____

WORK HISTORY: Beginning with your present or most recent employment, list your work/experience history. Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet.

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: () _____ Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____
Position: _____ Reason for Leaving: _____

DUTIES:

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: () _____ Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____
Position: _____ Reason for Leaving: _____

DUTIES:

Employer's Name: _____ From: _____ To: _____
Address: _____ Supervisor: _____
Phone: () _____ Hours Worked Per Week: _____ Starting Salary: _____ Ending Salary: _____
Position: _____ Reason for Leaving: _____

DUTIES:

LIST THREE PERSONS WHO CAN SPEAK KNOWLEDGEABLY OF YOUR ABILITY TO DO THIS JOB:

NAME:	ADDRESS:	DAYTIME TELEPHONE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Positions require that you be available to respond to emergency calls 24 hours per day. Some positions also involve travel.

I AUTHORIZE THE INVESTIGATION OF ALL MATTERS WHICH FRANKLIN COUNTY EMERGENCY MANAGEMENT DEEMS RELEVANT TO MY QUALIFICATIONS FOR EMPLOYMENT. I AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION & I RELEASE FROM ALL LIABILITY ANY PERSONS (SUCH AS FORMER SUPERVISORS OR EMPLOYERS) SUPPLYING IT. I ALSO RELEASE YOU FROM ALL LIABILITY WHICH MIGHT RESULT FROM MAKING THE INVESTIGATION.

The facts and information set forth in my application for employment are true and complete. I authorize a full background investigation, including investigation of all statements contained in this application. I understand that misrepresentation or omission of facts or information will be grounds for elimination from further consideration, or if employed, for dismissal at any time.

I also understand that as a condition of employment, I will have to provide documentation to prove employment eligibility and personal identification required by the Immigration Reform Act of 1986.

Applicant Signature

Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap