



Franklin County, Washington

Human Resources
1016 North 4th Avenue
Pasco, Washington 99301
(509) 546-5813
www.co.franklin.wa.us

EMPLOYMENT APPLICATION

Franklin County is an equal opportunity employer. Information provided in this application will not be used for limiting or excluding any applicant for consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring accommodation in the application and/or interview process should notify Franklin County Human Resources.

Position: _____ Date of Application: _____

A separate application must be submitted for each position (copies will be accepted).

IMPORTANT: Complete all sections. Incomplete applications will not be considered. Please type or print in ink.

Name: _____

(First)

(Middle)

(Last)

Preferred First Name: _____ Previous Name(s): _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ E-Mail: _____

How did you hear about this position? _____

Education and Training

Do you have a High School Diploma or GED? Yes No

Post-High School/GED Education:

Institution	Subject/Major	Degree Obtained

Other relevant coursework completed:

Are you fluent in any languages other than English? Yes No

If yes, please list: _____

Are you a Veteran? Yes No

Have you been previously employed by Franklin County? Yes No

Dates and/or Position: _____

Do any of your relatives work for Franklin County? Yes No

If yes, list name(s) and relationship(s):

Are you legally eligible to work in the United States? Yes No

Do you meet all minimum requirements for the position as reflected in the job announcement? Yes No

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

Do you possess any professional licenses/certifications? Yes No

If yes, please list below:

Summarize special skills and qualifications, including membership in any relevant professional organizations:

Professional References

*Do not list relatives

Name	Relationship	Employer/Occupation	Telephone

Employment History

List each job held. Start with your present or most recent job. Include military service assignments and explanation for any gaps in employment. A resume may be substituted for this section, provided the resume includes all requested information.

If you need additional space, please continue on a separate sheet of paper.

Employer: _____ Telephone: _____
Position Held: _____ Address: _____
Duties Performed: _____

Supervisor: _____
Supervisor Email: _____
Employed From: _____ To: _____
Reason for Leaving: _____ May we contact this employer?
 Yes No

Employer: _____ Telephone: _____
Position Held: _____ Address: _____
Duties Performed: _____

Supervisor: _____
Supervisor Email: _____
Employed From: _____ To: _____
Reason for Leaving: _____ May we contact this employer?
 Yes No

Employer: _____ Telephone: _____
Position Held: _____ Address: _____
Duties Performed: _____

Supervisor: _____
Supervisor Email: _____
Employed From: _____ To: _____
Reason for Leaving: _____ May we contact this employer?
 Yes No

Employer: _____ Telephone: _____
Position Held: _____ Address: _____
Duties Performed: _____

Supervisor: _____
Supervisor Email: _____
Employed From: _____ To: _____
Reason for Leaving: _____ May we contact this employer?
 Yes No

Agreement, Certification, Authorization, and Release

Read carefully before signing

I hereby certify that all of the information provided by me in this application (or any other accompanying or required document) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I have read the job announcement and I am able to perform the essential functions of the position for which I am applying, with or without reasonable accommodation.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Franklin County that such employment is at will, for no specified duration, and may be terminated by either Franklin County or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Franklin County or its representatives used during the employment process is deemed a contract of employment, real or implied.

I understand that offers of employment at Franklin County are contingent upon the results of a background check. Depending on the position, background checks may include personal and professional references, social security verification, education and professional licensing verification, financial history, criminal history, fingerprinting, polygraph and/or psychological examination.

I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a conditional offer of employment for a position requiring a Commercial Driver's License (CDL) or other position deemed by Franklin County to require such a test.

I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I authorize investigation of all statements in this application and I authorize Franklin County, in consideration of the review of my employment application, to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references necessary to obtain such information. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Franklin County from any liability for future references it may provide regarding my work history at Franklin County.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application. It is my intention that any copy of this authorization be as effective as the original.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.

Full Name: _____

Signature: _____

Date: _____

Please read and provide the information below:

Franklin County is committed to non-discrimination in employment practices. This page is voluntary and information will be kept in a confidential file separate from the application and will be used for EEO and OFCCP record keeping purposes only.

Position applied for: _____ Date: _____

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age _____

Race/Ethnic Group (Check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander |

Sex: Male Female Other

****THIS PAGE TO BE DETACHED FROM APPLICATION PRIOR TO DISTRIBUTION TO THE HIRING AUTHORITY****