



**WASHINGTON COUNTIES
RISK POOL**

Washington Counties Risk Pool
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EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. APPLICATION SHOULD BE FILLED OUT IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.

GENERAL INFORMATION

| | | | | |
|---|-------------------|--|-----------|----------------|
| POSITION APPLYING FOR | | | | |
| Last Name | | First Name | | Middle Initial |
| Address | | City | State | Zip + Four |
| Home Phone () | Work Phone () | Cell Phone () | Other () | |
| Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old? Yes No | | Are you legally eligible for employment in the United States? Yes No | | |

EDUCATION

| Name of college, university, vocational school | Major | Full Years Completed | Degree Received | | Degree/Title | Credit Hours |
|--|-------|----------------------|-----------------|----|--------------|--------------|
| | | | Yes | No | | |
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| Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date. |
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EMPLOYMENT HISTORY

List your applicable work experience, starting with most recent first, including self-employment, military service and volunteer work.

| | |
|---|--------------------------------------|
| <i>MOST RECENT POSITION</i> | Dates Employed: |
| Employer: | From To |
| Address: | ____/____ ____/____ |
| Position: No. of employees you supervised: | mm yy mm yy |
| Supervisor: Phone: () | Hours per Week _____ |
| Specific Duties: | May we contact this employer? |
| | Yes No |
| Reason for leaving or considering change: | |
| <i>OTHER EXPERIENCE</i> | Dates Employed: |
| Employer: | From To |
| Address: | ____/____ ____/____ |
| Position: No. of employees you supervised: | mm yy mm yy |
| Supervisor: Phone: () | Hours per Week _____ |
| Specific duties: | May we contact this employer? |
| | Yes No |
| Reason for leaving: | |
| <i>OTHER EXPERIENCE</i> | Dates Employed: |
| Employer: | From To |
| Address: | ____/____ ____/____ |
| Position: No. of employees you supervised: | mm yy mm yy |
| Supervisor: Phone: () | Hours per Week _____ |
| Specific duties: | May we contact this employer? |
| | Yes No |
| Reason for leaving: | |

Attach additional sheets if necessary to include all work history in at least the last 10 years.

Be as complete as possible in outlining the duties of each position.

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or I may be discharged from my employment.

I understand that this application is not intended to be a contract of employment.

Signature of Applicant

Date

WASHINGTON COUNTIES RISK POOL IS AN EQUAL OPPORTUNITY EMPLOYER