



**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 <input type="checkbox"/> No <input type="checkbox"/>		Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**EDUCATION**

Name of college, university, vocational school	Major	Full Years Completed	Degree Received		Degree/Title	Credit Hours
			Yes	No		

Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.

## EMPLOYMENT HISTORY

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

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

**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**