

# APPLICATION FOR EMPLOYMENT

## Noxious Weed Control Board of Grant County

32 "C" Street N.W., Room 321  
 P.O. Box 1115  
 Ephrata, Washington 98823

**"We Are An Equal Opportunity Employer"**

**DATE OF APPLICATION:** \_\_\_\_\_

### PERSONAL INFORMATION

Last Name			First Name			Middle Name					
Address		Number		Street		City		State		Zip	
Telephone (       )						Social Security Number (Voluntary)					

### EMPLOYMENT DESIRED

Position(s) Applied For		Please Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date You are Available to Start Work	Salary Desired \$	Please Check One <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-Monthly	
<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.</p> <p>Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Please check one:      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>			

### ADDITIONAL INFORMATION

Are you legally eligible for employment in the United States?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, verification will be required by law.		
Are you employed at the present time?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, may we contact your present employer?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date: _____		
Have you ever been employed with us before?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date: _____		
Do any of your friends or relatives work here?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EDUCATION

Name & Location of School	Course of Study	Years Attended	Graduate?
High School			
College			
Other			

**OTHER QUALIFICATIONS**

Please summarize special job-related qualifications acquired from employment or other experience.


Please describe any specialized training, apprenticeship, skills and extra-curricular activities.


Please state any additional information you feel may be helpful to us in considering your application.


**COMPUTER & EQUIPMENT SKILLS**

Please check computer skills / equipment operated

<input type="checkbox"/> Microsoft Office Excel	Skill Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Microsoft Office Word	Skill Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Microsoft Office PowerPoint	Skill Level:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate
<input type="checkbox"/> GPS			
<input type="checkbox"/> Digital Camera			

**MILITARY SERVICE**

Branch of Service	From	To	Rank & Duties	Date Discharged
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**EMPLOYMENT HISTORY**

Employer	Telephone ( )	From	To
Address		Position	
Duties		Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Reason For Leaving			

Employer	Telephone ( )	From	To
Address		Position	
Duties		Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Reason For Leaving			

Employer	Telephone ( )	From	To
Address		Position	
Duties		Salary \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
Reason For Leaving			

**PERSONAL REFERENCES**

Name	Address	Occupation	Yrs. Known	Telephone
				( )
				( )

**PROFESSIONAL REFERENCE**

Name	Address	Occupation	Yrs. Known	Telephone
				( )

The above information is true and complete to the best of my knowledge. Should I be employed by the Noxious Weed Control Board of Grant County, any misrepresentation or false statement contained herein may be considered cause for possible dismissal

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_