

Stamp Date Received



TRI COUNTY ECONOMIC DEVELOPMENT DISTRICT
986 South Main – Suite A Colville, WA 99114
Voice: (509) 684-4571 or (800) 776-7318
Fax: (509) 684-4788

APPLICATION FOR EMPLOYMENT

| | | | | |
|---|-------|---|--------|----|
| Last Name | | First Name | | MI |
| Street Address | | | | |
| City | State | Zip | County | |
| Home Phone Number (include area code) | | Business Phone Number (include area code) | | |
| If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| How did you find out about this job opening? (optional) | | | | |

| | |
|--|-----------------|
| State the Name of the Position Applying for: | |
| Minimum monthly salary acceptable: | Date Available: |

APPLICANT CERTIFICATION AND AGREEMENT (Must Be Signed)

I certify that this application and all attached material contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be rejected, my name will be withdrawn from further consideration, and I may be removed from the job after appointment. I understand that this employment application and other employment-related documents I may have been furnished are not contracts of employment; and also that any oral or written statements to the contrary are hereby expressly disavowed. Tri County Economic Development District (TEDD) has my authorization to thoroughly investigate my work and personal history which is job related, including, but not limited to, information from criminal background checks or driver's license checks. I release all persons, companies, and organizations from liability for providing or receiving information in this investigation.

I understand that TEDD is a Drug Free Workplace and that if I become employed by TEDD, I will be subject to the conditions and requirements specified in the policy.

All information is subject to the Washington State Public Records Law.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

It is Tri County Economic Development District's policy to assure that all the applicants for employment and the employees of the District are subject to uniform personnel policies and shall not be subjected to discrimination in terms and conditions of employment based on the applicant's or the employee's race, color, religion, national origin, age, gender, disability, or status with respect to marriage or public assistance.

EDUCATION AND/OR TRAINING:

Circle highest year of education completed:

High School 1 2 3 4 GED College 1 2 3 4 5 6+

Please list any other college, business school, military training and other relevant education:

| Name and Location | Date to Date | Field | Degree | Major/Minor |
|-------------------|--------------|-------|--------|-------------|
| | | | | |
| | | | | |

List any special technical or machine operational skills gained from employment, training, or experience as a volunteer: _____

PROFESSIONAL REGISTRATIONS, CERTIFICATIONS AND/OR LICENSES:

| Registration Certificate or License Name | Issued by: | Profession | Registration Certificate or License Number | Expiration Date |
|--|------------|------------|--|-----------------|
| | | | | |
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| | | | | |

DRIVER LICENSE INFORMATION:

It is a requirement of this position that you must have and maintain a valid Washington State Driver's License.

Do you have a valid driver's license? Yes _____ No _____

Do you have a personal vehicle? Yes _____ No _____

OTHER INFORMATION:

Have any of your professional registrations, certifications and/or licenses ever been suspended, revoked or are they currently under investigation? Yes _____ No _____

Have you ever received education, training or have worked under another name?

Yes _____ No _____

(If yes, please indicate here)

EMPLOYMENT HISTORY:

Start with your present or most recent job. This information is used to determine if your application will be approved. Be specific. If employed, it may affect your salary offer. Employment dates (both month and year) must be listed for each job. Indicate any change in job title under the same employer as a separate position.

NOTE: DO NOT WRITE “SEE RESUME” OR “SEE PRIOR APPLICATIONS” IN THIS SECTION. ATTACH ADDITIONAL SHEETS USING THE FORMAT BELOW IF NECESSARY.

If you would like to list a personal reference, you may do so here:

| | | | | |
|-----------------|------------------------|-------------------------------|------------------|---|
| #1 | Name of Agency/Company | Your Title | From: mm/yy | To: mm/yy |
| Address | | Name of Immediate Supervisor: | Phone # | Circle One: Full Time Part Time (If part time - enter # of hours) |
| City /State/Zip | | Kind of Business | Beginning Salary | Ending Salary |

May we contact this employer? Circle One: Yes No

Your duties: (Indicate your responsibilities, specific duties, computer skills, size of operation, amount of supervision required, etc.)

If no longer employed, reason for leaving:

| | | | | |
|--|------------------------|-------------------------------|------------------|---|
| #2 | Name of Agency/Company | Your Title | From: mm/yy | To: mm/yy |
| Address | | Name of Immediate Supervisor: | Phone # | Circle One: Full Time Part Time (If part time - enter # of hours) |
| City /State/Zip | | Kind of Business | Beginning Salary | Ending Salary |
| May we contact this employer? Circle One: Yes No | | | | |
| Your duties: (Indicate your responsibilities, specific duties, computer skills, size of operation, amount of supervision required, etc.) | | | | |
| If no longer employed, reason for leaving: | | | | |

| | | | | |
|--|------------------------|-------------------------------|------------------|---|
| #3 | Name of Agency/Company | Your Title | From: mm/yy | To: mm/yy |
| Address | | Name of Immediate Supervisor: | Phone # | Circle One: Full Time Part Time (If part time - enter # of hours) |
| City /State/Zip | | Kind of Business | Beginning Salary | Ending Salary |
| May we contact this employer? Circle One: Yes No | | | | |
| Your duties: (Indicate your responsibilities, specific duties, computer skills, size of operation, amount of supervision required, etc.) | | | | |
| If no longer employed, reason for leaving: | | | | |

APPLICANT AUTHORIZATION FOR BACKGROUND INQUIRY:

Information obtained from inquiries will not necessarily preclude employment, but will be considered in determining the applicant’s character, suitability and competence to perform in the position applied for and may result in a denial of employment. If you wish to be considered for employment, you must complete and sign this Applicant Authorization for Background Inquiry form. Failure to complete and sign this form shall disqualify you for appointment.

I hereby authorize **Tri County Economic Development District (TEDD) 986 South Main Street, Suite A, Colville, WA 99114** to conduct a background inquiry on me if I am the preferred applicant. I attest under the penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. I understand records may be obtained from the Washington State Patrol (WSP) and/or local law enforcement; and others as necessary.

I hereby release the agencies named above or others from liability or damage that may result from furnishing the information requested. A photocopy of this release form will be valid as an original, thereof, even though said photocopy does not contain an original signature. This release will expire one (1) year after the date signed below.

| | | | |
|---|--------|------|---------------|
| Print Name (complete name is needed for background check) | | | |
| First | Middle | Last | |
| Other names used, i.e., maiden (if applicable) needed for a background check. | | | Date of Birth |
| First | Middle | Last | |
| Driver’s License Number / State: | | | |
| Signature | | Date | |

APPLICANT AUTHORIZATION FOR REFERENCE CHECKS:

Employers often have difficulty in checking an applicant’s prior employment history because former employers are reluctant to provide information for fear of defamation lawsuits or the like. As a condition of applying and being considered for employment with Tri County Economic Development District (TEDD), all applicants wishing to be considered are required to authorize the release of certain information and to release from liability the employer or former employer who provides the information. This may allow TEDD to obtain more complete information from previous employers. You will be requested to complete and submit the REQUEST FOR EMPLOYEE INFORMATION FORM for each employer listed on your application.

For your review – the “Request for Employee Information Form” has been made a part of this packet; however, the completion of this form will only be required for individuals who are chosen to participate in the interview process.

REQUEST FOR EMPLOYMENT INFORMATION TO BE FURNISHED TO



TRI COUNTY ECONOMIC DEVELOPMENT DISTRICT
986 South Main Street – SUITE A
COLVILLE, WA 99114
VOICE: (509) 684-4571 OR (800) 776-7318
FAX: (509) 684-4788

To: _____
Please print Employer or Former Employer Name

From: _____
Please print your name

I am applying for employment with Tri County Economic Development District (TEDD). Please furnish TEDD with the information requested below concerning my employment record. I release you from any liability which may arise from the release of this information, and any additional information you release relating to my job performance which may be requested orally or by telephone.

Date: _____
Applicant Signature

| |
|--|
| 1. Dates of employment: From _____ To: _____ |
| 2. Job Title(s): _____ |
| 3. Separation: Laid off _____ Resigned _____ Discharged or Fired _____ Other _____ |
| 4. Reason given for leaving: _____ |
| 5. Would this person be considered favorably for re-employment? Yes _____ No _____ |
| 6. Please rate the following from 1 to 5 with 1 signifying poor and 5 signifying outstanding: Attendance _____ Quality of Work _____ Cooperation _____ Attitude toward Work _____ |
| 7. Please share any other information about this applicant you would want to know if you were hiring this individual as a new employee. |

Date: _____
Signature of Person Providing Information

THANK YOU FOR YOUR COOPERATION

EMPLOYER: AFTER COMPLETING THIS SECTION, PLEASE RETURN TO TEDD IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE. AFTER THE APPLICANT'S INTERVIEW, AN INTERVIEWER MAY FOLLOW UP WITH MORE DETAILED QUESTIONS.