



**MILITARY SERVICE**

Have you ever been on active duty in the U.S. Armed Forces?  Yes  No

If yes, please provide:

Branch: \_\_\_\_\_ Entry date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Occupational specialization: \_\_\_\_\_ Special training received: \_\_\_\_\_

**VETERANS PREFERENCE**

Per RCW 41.04.010, certain Veterans are eligible for Veterans preference.

Do you qualify for this preference?  Yes  No

Have you ever obtained employment in this state through the use of Veterans preference?  Yes  No

Do you claim Veterans preference for this examination?  Yes  No

**Please attach proof of eligibility to claim Veterans preference, including dates of military service.**

**EDUCATION**

High school graduate or GED test passed?  Yes  No

If no, please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE(S): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

List any other technical or specialized courses you have completed which are applicable to the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER/INTERN/WORK HISTORY**

Please start with your **present or last** position.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ No. of employees you supervised: \_\_\_\_\_

Last or current supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ No. of employees you supervised: \_\_\_\_\_

Last or current supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

LEWIS COUNTY

*Washington's First County*

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of business: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Title: \_\_\_\_\_ Salary: \_\_\_\_\_ No. of employees you supervised: \_\_\_\_\_

Last or current supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them?  Yes  No



**LEWIS COUNTY is an Equal Opportunity Employer**

**LEWIS COUNTY  
Authorization to Release Information**

As an applicant for a position with Lewis County, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

- Any information requested

**Volunteer/Intern History**

- Past positions
- Salary history (if applicable)
- Dates
- Positions held
- Duties and responsibilities
- Performance level
- Reasons for leaving
- Eligibility to volunteer/intern again

**Educational Institutions**

- Years of attendance
- Degree(s) attained
- Grade point average
- Transcripts

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Release expiration date: \_\_\_\_\_ (To be filled in by hiring office)

## **INFORMATION FOR FEDERAL AND STATE REPORTING**

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

Your cooperation in providing this information is strictly voluntary, but highly encouraged. The information requested will be kept CONFIDENTIAL, maintained separately from your application material, and will be used for statistical purposes only. Your application will be reviewed whether or not you provide this information. Only authorized personnel will have access to this information for legitimate purposes.

**GENDER:**       Male       Female

**ARE YOU 40 YEARS OF AGE OR OLDER?**       Yes       No

**ARE YOU DISABLED?**       Yes       No

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**WHAT ETHNICITY DO YOU CONSIDER YOURSELF TO BE?**

- Caucasian/White (not Hispanic origin)* – those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black/African American (not Hispanic origin)* – those having origins in any of the groups of Africa.
- Hispanic* – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture regardless of race.
- Asian or Pacific Islanders* – those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native* – those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**VETERAN?**       Yes       No      **VIETNAM VETERAN?**       Yes       No

*Vietnam Era Veteran* – Anyone who served on active duty for a period or more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

**DISABLED VETERAN?**       Yes       No      **SPOUSE OF DECEASED VETERAN?**       Yes       No

*Disabled Veteran* – Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**DATE OF DISCHARGE:** \_\_\_\_\_

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