Washington Counties Risk Pool

WASHINGTON COUNTIES RISK POOL

2558 R.W. Johnson Rd SW, Suite 106 Tumwater WA 98512-6103 Phone (360) 292-4500 Fax (360) 292-4501

> Email: hr@wcrp.wa.gov Web: www.wcrp.info

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 | Middle Initial | | | |
| Address | Cit | City State | | | Zip + Four | | |
| Home Phone | Work Phone | 2 | Cell Phone | | Other (|) | |
| Washington State labor laws re 18 years old. Are you at least 1 Yes No | nent from persons under | Are you legally eligible for employment in the United States? Yes No | | | | | |
| | | EDUC | CATION | | | | |
| Name of college, university, | vocational school | Major | Full Years Completed | Degree Received Yes / No | Degree/Title | Credit Hours | |
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| Indicate any other trades, sk | cills or licenses voi | u possess related to the | nosition Incl | ude licensing state | and expiration date | | |
| indicate any other trades, se | tins of needses you | possess related to the | position. mer | due needsing state | und expitation 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.

| Address: Position: No. of employees you supervised: Supervisor: Phone: Supervisor: Phone: OTHER EXPERIENCE Employer: Position: No. of employees you supervised: May we contact this employer: Prom To To May we contact this employer: From To May we contact this employer: From To Way we contact this employer: From To | MOST RECENT POSITION Employer: | | Dates Employed: |
|--|---|----------------------------------|--|
| Supervisor: Phone: () Hours per Week | | | From To |
| Supervisor: Phone: () Reason for leaving or considering change: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Specific duties: OTHER EXPERIENCE Employer: Address: Position: Specific duties: OTHER EXPERIENCE Specific duties: OTHER EXPERIENCE Employer: Address: Phone: () Dates Employed: Hours per Week May we contact this employer? Yes No Reason for leaving: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Employer: Hours per Week May we contact this employer? Hours per Week May we contact this employer? May we contact this employer? | Position: | No. of employees you supervised: | $\frac{1}{1}$ $\frac{1}$ |
| Specific Duties: May we contact this employer? Yes No Reason for leaving or considering change: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Specific duties: May we contact this employed: From To May we contact this employer week | Supervisor: | Phone: () | |
| Reason for leaving or considering change: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Specific duties: OTHER EXPERIENCE Employer: Address: Phone: () Reason for leaving: OTHER EXPERIENCE Employer: Address: Phone: () Dates Employer: Hours per Week Yes No To Address: Position: No. of employees you supervised: Employer: Address: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: No. of employees you supervised: From To Address: Hours per Week Hours per Week Hours per Week Address: From To Address: Hours per Week May we contact this employer: Address: May we contact this employer: Address: Addr | Specific Duties: | | |
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| Employer: Address: Position: No. of employees you supervised: Phone: () Specific duties: May we contact this employer: Yes No Reason for leaving: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Prom To May we contact this employer: Yes No To To To To To To To To To | Reason for leaving or considering change: | | |
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| Supervisor: Specific duties: Phone: () May we contact this employer? Yes No Reason for leaving: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Specific duties: Specific duties: May we contact this employer? Yes No To To Hours per Week Hours per Week Hours per Week May we contact this employer? May we contact this employer? | Address: | | From To |
| Supervisor: Specific duties: Phone: () May we contact this employer? Yes No Reason for leaving: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Supervisor: Phone: () May we contact this employees Hours per Week May we contact this employees From To In the property of the pro | Position: | No. of employees you supervised: | $\frac{1}{\text{mm}} \frac{1}{\text{yy}} \frac{1}{\text{mm}} \frac{1}{\text{yy}}$ |
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| Reason for leaving: OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Supervisor: Phone: () Specific duties: May we contact this employer? | | | |
| OTHER EXPERIENCE Employer: Address: Position: No. of employees you supervised: Supervisor: Phone: () May we contact this employer? | | | Yes No |
| Employer: Address: Position: No. of employees you supervised: Supervisor: Phone: () May we contact this employer? | Reason for leaving: | | |
| Position: No. of employees you supervised: Supervisor: Phone: () May we contact this employer? | | | |
| Supervisor: Specific duties: May we contact this employer? | Address: | | From To |
| Supervisor: Phone: () Specific duties: May we contact this employer? | Position: | No. of employees you supervised: | $\frac{1}{1}$ $\frac{1}$ |
| Specific duties: May we contact this employer? | Supervisor: | Phone: () | |
| employer? | Specific duties: | | Hours per Week |
| Reason for leaving: Yes No | | | |
| | Reason for leaving: | | Yes No |

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 | employ | vment. |
|---|--------------|-----------|-------------|--------|----------|-------|---------------|--------|--------|
| | | | | | | | | | |

| Signature of Applicant | Date |
|------------------------|------|