



**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
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      No		Are you legally eligible for employment in the United States? Yes      No		

**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.

**WASHINGTON COUNTIES RISK POOL IS AN EQUAL OPPORTUNITY EMPLOYER**

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

**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**