

## **Application for Employment**

An Equal Opportunity Provider and Employer

Instructions: Please print legibly. Your interest in employment with the PSWCD is appreciated. This application is the initial step in the selection process and will help the PSWCD assess your qualifications, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to the application form, however, you must still complete this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. If you need assistance completing this form because of a disability, please request that the official provide someone to assist or you may request some other reasonable accommodation.

		Date of App	lication:	<del> </del>					
			Personal Inf	ormation					
Name:	Last		First			Middle			
Address:	Number	Street		City		State	Zip		
Phone No.:	Alternate Phone:								
Email Address:			····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			Employment Ir	nformation					
How did you he	ear abou	ut this position:							
Date you can start: The hours you are available to work weekly:									
List any schedu	ıle restr	ictions:							
Do you have ar	ny seco	ndary employm	ent that will continue	if you are hired by	the PSWC	D?			
If yes, list the na	ature of	the secondary	employment:						
			Educat	ion					
				I			. ,		
School Leve	el	Name and Loc	cation of School	Course of Study		Did you graduate or degree obtained? Date			
High School									
College									
			Training and Othe	r Qualifications					
Subject or Title of Training		Course Work Area		Length of Training					
					1				

web page design, graphic d	c.i you have okine, illei	uding Word processing, spr	eadsheets database	e programs
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	looigii, Olo, ana 701 oligi	neoning conward.		
ist any additional relevant	ekille vou have:			
List arry additional relevant	Skills you have.			
	r	Poforonos		
Places provide the names and cor		References ssional references. If professional	reference are not available	lo provido sch
or personal references who are no		ssional references. If professional	reference are not available	ie, provide scri
Name	Title	Relationship	Telephone	Years Known
	Summary of In	terest and Qualifications		
actors that qualify you for the posi	ition for which you are applying sex, national origin, citizenship	PSWCD and describe briefly any eg that are not already reflected in y, age, mental or physical disabilitie	our application. Exclude i	nformation that
	Applicant Sta	atement and Signature		
give PSWCD the right to investigal eservation, PSWCD, its represent employers, public agencies, licens by me in this application. I hereby	provided in order to apply for a te and verify any information o tatives, members, or agents to sing authorities and educationa waive any and all rights and cl	atement and Signature and obtain employment with Pickav btained through the application pro- contact and obtain information fro il institutions and to otherwise verifiaims I may have regarding PSWC ons, corporations, or organizations	ocess. I expressly authorize m all references (persona y the accuracy of all informally D, its member, or represe	ze, without il & profession mation provide intatives, for
give PSWCD the right to investigate eservation, PSWCD, its represent employers, public agencies, licens by me in this application. I hereby seeking, gathering and using such understand that an offer of employestigation, physical, psychological policable law, any employment re-	provided in order to apply for a te and verify any information o tatives, members, or agents to sing authorities and educationa waive any and all rights and cl information and all other persoyment may be contingent upocal, polygraph, and/or drug and elationship with PSWCD is of a terminate my employment at	and obtain employment with Pickav btained through the application proceed contact and obtain information from a linstitutions and to otherwise verifications. I may have regarding PSWC ons, corporations, or organizations on the successful completion of a p dialcohol screen. If I am hired, I until at will an an an at will an an an an at any time. I understand that all cor	ocess. I expressly authorize mall references (personally the accuracy of all informally its member, or represed for furnishing such informate-employment background derstand that, unless other I am free to resign at an	ze, without  Il & profession  mation provide  intatives, for  nation about m  nd criminal  erwise defined  y time and