



### PIERCE COUNTY NOXIOUS WEED CONTROL BOARD

16709 103<sup>RD</sup> AVE CT E, #201  
PUYALLUP, WA 98374

## EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. SIGN AND DATE THE APPLICATION.  
AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

### GENERAL INFORMATION

POSITION FOR WHICH APPLYING:

Last Name		First Name		Middle Initial	
Mailing Address			City	State	Zip
Home Phone ( ) -	Work Phone ( ) -	Cell Phone ( ) -	Email Address		

Are you now or have you ever been employed by Pierce County Government? Yes  No  If yes, complete the following:  
Job Title \_\_\_\_\_ Department \_\_\_\_\_ Dates Employed \_\_\_\_\_

Do you have any relatives working for Pierce County Government? Yes  No  If yes, complete the following:  
Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_ Department(s) \_\_\_\_\_

Washington State labor laws restrict some employment from persons under 18 years of age. Are you at least 18 years old? Yes  No   
If no what is your birth date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you perform the essential functions of this job with or without a reasonable accommodation? (See job announcement for essential functions)  
Yes  No

### VETERANS' PREFERENCE/SCORING CRITERIA

Pierce County complies with applicable laws regarding veterans' preference and/or scoring criteria for veterans honorably discharged from active military service. Proof of veteran status will be required to award veterans' preference/scoring criteria.

Are you a veteran with an honorable discharge? Yes  No   
Do you claim veterans' scoring criteria? Yes  No  If yes, complete the following items:  
Have you ever obtained employment through the use of veterans' scoring criteria? Yes  No   
If yes, where \_\_\_\_\_  
Are you retired from military service and receiving veterans' retirement payments? Yes  No   
All dates of active duty: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EDUCATION

Did you graduate from high school or receive a GED certificate? Yes  No

Name of college, university, vocational school	Major	Full Years Completed	Title of Degree	Degree Received Yes/No	Credit Hours Earned

Professional Licenses & Certification	Type of License	Issued Yes/No	Issuing State	Number	Expiration Date
					/   /
					/   /
					/   /

## EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT AND ANY RELATED EXPERIENCE BEYOND 10 YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

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### MOST RECENT EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Hours worked each week \_\_\_\_\_

Starting salary \_\_\_\_\_

Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_

From \_\_\_\_\_

/

/

To \_\_\_\_\_

/

/

No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Specific duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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### OTHER EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Hours worked each week \_\_\_\_\_

Starting salary \_\_\_\_\_

Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_

From \_\_\_\_\_

/

/

To \_\_\_\_\_

/

/

No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Specific duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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### OTHER EXPERIENCE

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Hours worked each week \_\_\_\_\_

Starting salary \_\_\_\_\_

Last salary \_\_\_\_\_

Total years/months \_\_\_\_\_

From \_\_\_\_\_

/

/

To \_\_\_\_\_

/

/

No. of employees you supervised \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Specific duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or considering change \_\_\_\_\_

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## AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation or omission 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, omission, or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide Pierce County representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release and hold harmless any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, including controlled substance testing, if required.

I understand that as a condition of employment I must provide documentation to demonstrate authorization to work in the United States as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PIERCE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER