Fill out online - print - then sign

King County

Clear Form

Print Form

Application for Employment

Dear Applicant,

Thank you for considering a position with King County, a government dedicated to serving the people of King County, Washington.

Please fill out the entire application. Providing complete and accurate information on your education, work experience, and skills will help identify whether you are a qualified candidate for the position.

King County is an equal employment opportunity employer. Applicants are considered for positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation (including gender identity), or any other basis prohibited by federal, state, and local laws.

If you need an accommodation in the application or testing process, please indicate this on the Applicant Data Sheet page. King County fully supports the Americans With Disabilities Act and will provide reasonable accommodation.

Instructions

1. Submit a separate application for each job opening. Applications are accepted only for open positions.
2. Type or print legibly in ink.
3. Include the job title and announcement number on the application. If you are applying for more than one position, please note the correct job announcement number on *each* application.
4. Answer all questions. If a question is not applicable, enter “N/A”. An incomplete application may delay action or disqualify you. All information you provide is subject to verification.
5. Return all required materials indicated on the job announcement.
6. Submit a copy of your DD-214 with your application if you are claiming Veteran’s Preference.
7. Date and sign the application. If not signed, the application will not be complete. (Note: If submitting the application electronically, an electronic signature or typed name will substitute for a written signature.)
8. An incomplete application may disqualify you from being considered for the position.
9. Send your completed application packet to the address listed on the job announcement. Applications sent to the wrong address may not be processed.
10. Your application must be received by the date and time indicated on the job announcement.
11. Applications and supporting material will not be returned.
12. Allow a minimum of four to six weeks after the announced closing date for a reply to your application. If you have a question about the job, contact the person or office listed on the announcement.

Human Resources Division
Department of Executive Services
Employment center: 500 4th Avenue, Room 450, Seattle, WA 98104
King County jobs website: www.metrokc.gov/ohrm/jobs
24-hour job line: 206-296-5209
Alternative formats: 206-296-7586 or TTY Relay 711

APPLICANT DATA SHEET

Name (Last, First, Middle):		
Mailing address:		
City:	State:	Zip code:
E-mail address:		
Home phone:	Are you currently a King County career service employee? ☐ Yes ☐ No	
Position title:	Job announcement #:	
How did you hear about this job? List specific website, newspaper, etc.		

Will you need a disability accommodation in the application or testing process? ☐ Yes ☐ No
If you check "Yes", the human resources person coordinating this recruitment will contact you with a request for additional information. You may also call the contact number listed on the job announcement.

AFFIRMATIVE ACTION INFORMATION – CONFIDENTIAL AND VOLUNTARY

King County is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical purposes only. Responses will not be used in evaluating your application.

1. **Are you** ☐ Male ☐ Female
2. **Which race or culture do you consider yourself?** If you identify with more than one ethnic group, we respect your desire to do so. However, it would be helpful if you mark the ONE ethnic group with which you most identify.
   - ☐ *African American/Black:* A person having origins in any of the black racial groups of Africa.
   - ☐ *American Indian/Alaska Native:* A person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
   - ☐ *Asian/Pacific Islander:* A person having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
   - ☐ *Hispanic/Latino:* A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
   - ☐ *White/Caucasian:* A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.
3. **Are you over 40?** ☐ Yes ☐ No
4. **Do you meet the following disability definition?** ☐ Yes ☐ No

   A person is *disabled* if he or she has a permanent physical or mental impairment that substantially limits one or more major life activities. A person is *substantially limited* if he or she is unable to perform a major life activity that the average person in the general population can perform. A *major life activity* is one that is of central importance to daily life.
5. **Have you ever been on active duty in the U.S. Armed Forces?** ☐ No ☐ Yes Dates: _____
6. **Do you meet the following definitions?** ☐ Vietnam Era Veteran ☐ Disabled Veteran

   Vietnam Era Veteran: A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases.

   Special Disabled Veteran: A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability.

Application for Employment

rev. 5/24/06

King County

King County is proud to be an Equal Employment Opportunity employer

Alternative formats of this application are available by calling 206-296-7586 or TTY Relay 711

POSITION FOR WHICH YOU ARE APPLYING	
Position title:	Job announcement #:

PERSONAL INFORMATION		
Name (Last, First, Middle):		
Mailing address:		
City:	State:	Zip code:
E-mail address:		
Home phone:	Message/alternative phone:	
Types of employment desired:	☐ Full Time ☐ Part Time ☐ Temporary	
Are you 18 years or older?	☐ Yes ☐ No	
If hired, can you show verification of your legal right to work in the United States?	☐ Yes ☐ No	
Are you claiming Veteran's Preference?	☐ Yes ☐ No (if yes, please submit a copy of your DD214)	
Have you ever been convicted of a felony?	☐ Yes ☐ No (if yes, list the date and for what you were convicted:) _____)	

Note: A conviction will not necessarily bar you from employment and will be considered only if it relates to the job duties.

APPLICANT STATEMENT

I declare under penalty of perjury under the laws of the state of Washington that all information I have provided in my application materials is true, complete, and correct. I also declare that I have not omitted any information called for by this application. I understand that any information I provide (or fail to provide) that is found to be false, incomplete, or contains a misrepresentation in any respect will be sufficient cause to (i) cancel further consideration of this application or (ii) subject me to discipline, up to and including termination, if I am hired.

I expressly authorize, without reservation, King County, its representatives, employees, or agents to contact and obtain information from all employers and references and to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding King County or its representatives for seeking, gathering, and using such information in the employment process and all other persons or organizations for furnishing information about me.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I have read, fully understand, and accept all terms of the above Applicant Statement. I also understand that if my application is not signed, it is not complete and I may be disqualified from being considered for this position. (Note: If submitting the application electronically, an electronic signature or typed name will substitute for a written signature.)

Signature: _____ *Date:* _____

EDUCATION, TRAINING, AND LICENSES

Note: In Washington State, it is unlawful to knowingly use a false academic credential or to falsely claim to have a credential issued by an accredited college/institution recognized by the U.S. Department of Education.

Did you graduate from high school? ☐ Yes ☐ No ☐ GED

Degrees and dates earned: ☐ Associate's date: _____ ☐ Bachelor's date: _____ ☐ Master's date: _____
☐ Ph.D. date: _____ ☐ JD date: _____ ☐ Other: _____ date: _____

Higher education or training institute	Location	Major/subject	# of years completed	Degree, diploma, professional certificate or license earned

HISTORY WITH KING COUNTY

Are you currently a King County employee? ☐ Yes ☐ No

If yes, what is your status? ☐ Career Service ☐ Career Service Exempt ☐ Temporary (TLT, STT, intern)

What is your current job title? _____

For which department and division do you work? _____

Are you a member of a union? ☐ Yes ☐ No (if yes, which union? _____)

Have you previously worked for King County? ☐ Yes ☐ No

If yes, list the agency and your job title:

If yes, did you resign voluntarily? ☐ Yes ☐ No

If you did not resign voluntarily:

Was your employment terminated during probation? ☐ Yes ☐ No

Did you resign in lieu of being terminated? ☐ Yes ☐ No

Were you terminated for cause (misconduct, performance issues, etc.)? ☐ Yes ☐ No

Do you have any relatives employed by King County? ☐ Yes ☐ No (if yes, please provide details)

Name:	Position:	Relationship:

FOR OFFICE USE ONLY

☐ Accepted ☐ Accepted subject to:

☐ Disqualified ☐ Experience ☐ Education ☐ Other (specify): _____

Analyst: _____ Date: _____

Action: _____

EMPLOYMENT HISTORY

Starting with your most recent employer, list work and volunteer experience gained during the last 10 years.
Do not indicate "See Resume" or you may be disqualified from being considered for the position.

1	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: $	# of employees supervised:

Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

2	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: $	# of employees supervised:

Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

3	From: (mo/yr)	Employer's name and address:	Type of business:
	To: (mo/yr)		

Job title:

Supervisor's name and phone #:

Hours per week:	Last salary: $	# of employees supervised:

Reason for leaving:

Duties:

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

CONTINUATION SHEET FOR EMPLOYMENT HISTORY

4	From: (mo/yr) To: (mo/yr)	Employer's name and address:	Type of business:
Job title:			
Supervisor's name and phone #:			
Hours per week:		Last salary: $	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER?		☐ Yes ☐ No	

5	From: (mo/yr) To: (mo/yr)	Employer's name and address:	Type of business:
Job title:			
Supervisor's name and phone #:			
Hours per week:		Last salary: $	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER?		☐ Yes ☐ No	

6	From: (mo/yr) To: (mo/yr)	Employer's name and address:	Type of business:
Job title:			
Supervisor's name and phone #:			
Hours per week:		Last salary: $	# of employees supervised:
Reason for leaving:			
Duties:			
MAY WE CONTACT THIS EMPLOYER?		☐ Yes ☐ No	

Use this space to account for any gaps in your employment history				
Dates:		*to*		Activity:
Dates:		*to*		Activity: