



Cowlitz-Wahkiakum Council of Governments

207 Fourth Avenue N./Administration Annex ~ Kelso, WA 98626-9145
 (360) 577-3041 ~ Fax: (360) 214-3425~ Website: www.cwcog.org

Application for Employment

Please read carefully and complete by printing in ink or typing. The application must be completed in full. Provide all information requested. You may attach a resume and supporting documents.

Unsigned or incomplete applications will not be processed.

Name: Last, First, MI _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone Number _____ E-mail _____

Position Applying for _____

How did you learn of or where did you see the position advertised? _____

EQUAL EMPLOYMENT OPPORTUNITY

The Cowlitz-Wahkiakum Council of Governments is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

Are you a U.S. citizen or do you have a Visa permitting you to work in the U.S.? Yes No
 (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

Do you have, or can you obtain, a valid Washington State Driver's License? Yes No

Are you 18 years of age or older? Yes No

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

Education

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

College, University, Vocational School	Major	Date Completed	List Degree, if any

Licenses and Certificates (Professional or trade licenses which are related to this position.)

Description	Issued By	Expiration Date

Special Consideration

Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.

Have you ever been known by a different name by any of these employers or educational institutions attended? If so, please list:

Professional References (do not list relatives)

Name and Title	Employer	Phone

Criminal Record

The Cowlitz-Wahkiakum Council of Governments is mindful of its obligation to employ qualified persons and its entitlement under the law to consider an applicant’s convictions record as it relates to job performance. **A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.** Applicants may be asked to disclose certain information about their criminal history.

VERIFICATION AND SIGNATURE

I authorize CWCOG to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, and academic institutions and CWCOG from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with CWCOG.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if CWCOG has not employed me and for immediate dismissal if CWCOG has employed me. If employed, I also authorize CWCOG to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release CWCOG from any and liability for its providing this information.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with CWCOG’s interest or those of its members, nor will I become engaged in such activity or business if employed.

I understand that nothing in this employment application, in CWCOG policy statements or personnel guidelines, or in my communications with any CWCOG official is intended to create an employment contract between CWCOG and me. I also understand that CWCOG has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon CWCOG unless it is made in writing and signed by the Executive Director. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that CWCOG retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Applicant Signature _____

Date _____

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