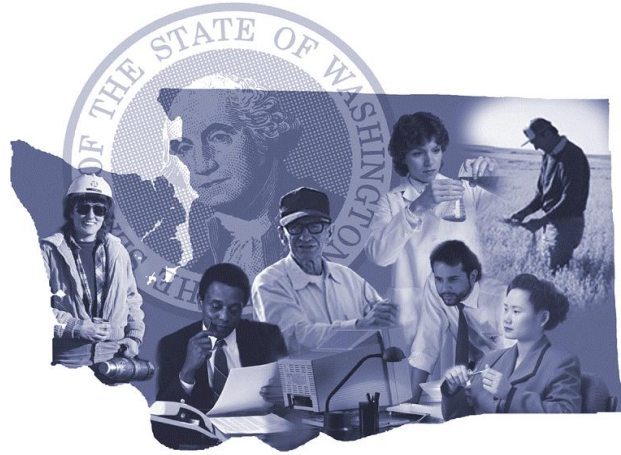


# Application for Washington State Employment



Completing this application is your first step toward joining a dynamic workforce dedicated to public service.

*In order to present the strongest, most accurate record of your qualifications, skills, and competencies, please read this packet and the recruitment announcement carefully prior to preparing your application.*

*Mail to:*



**PO Box 47561  
Olympia WA 98504-7561  
Phone: 360-664-1960  
TTY: 360-664-6211**

*24-Hour Job Line:  
(Updated every Thursday)*

**Olympia: 360-664-6226  
Seattle: 206-281-6320  
Spokane: 509-482-3685**

# Instructions for Completing Application

## 1) Before Applying

Obtain a copy of the recruitment announcement for the job you are interested in applying for. Recruitment announcements are available on the DOP web site at <http://www.dop.wa.gov> under job seekers.

Compare your education and experience with the requirements listed on the announcement. If you meet the requirements, proceed with the application process. The recruitment announcement will also contain relevant information about the job such as duties, special conditions, where jobs are available, the type of exam that may be required, and the closing date.

- **Affirmative Action and Veteran's Preference**

The State of Washington is an equal opportunity employer. Information about our Affirmative Action Program and Veteran's Preference appears in Parts 7 & 8 of the application.

## 2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience/education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ Submit application (with all requested information) by 5:00 p.m. on the closing date.
- ✓ Submit a separate application for each recruitment announcement unless otherwise instructed.
- ✓ Legible photocopies may be submitted for other positions but must contain an *original* signature and current date.
- ✓ Make sure that you submit your application to the appropriate state agency by double checking instructions on the job announcement.

## 3) Now What?

You can expect to be notified of your application results about 3 weeks after the closing date.

- **Testing**

If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.

- **Exam Assistance**

Assistance will be provided to persons of disability whose conditions would interfere with taking an exam. For example, you may require a reader, sign language interpreter, more time, etc. If you require such assistance, please call 360-664-1960, Voice, or 360-664-6211, TTY.

- **Employment Register**

Once your application is accepted and you've passed a required exam, your name will be placed on an employment register for one year. Near the end of that year, you may ask to remain on the register for another year, by calling 360-664-1960.

## TERMS & DEFINITIONS

**Open Competitive**-Applicant not working permanently for the state. (Includes temporary and intermittent staff.)

**Promotion**-Permanent employee or permanent project Washington state employee.

**Transfer**-Permanent employee applying within an existing job class or a closely related job class at the same salary level.

**Voluntary Demotion**-Permanent employee applying for a job at a lower salary level.

**Lay Off**-Permanent employee who has been laid off (use as instructed by your human resources office).

**HEP** (Higher Education Personnel)-Permanent HEP employee in WA. Inter-system eligibility statement must be attached.

**Shift & Schedule**-If all boxes are left blank, we will assume only full-time, permanent employment will be accepted.

**Employment Preferences**-If you do not specify agency preferences, we will assume you will accept employment in any agency.

**Misdemeanor or Felony**-Conviction of a misdemeanor or felony does not necessarily bar you from employment. If you have been convicted within the last 10 years, but the infraction is unrelated to the type of work you seek, you may check "No".

# Application for Employment With the State of Washington

## Part 1. General Information

**Please review all questions carefully before preparing your application.**

Position (Job Title)				Recruitment Announcement Number	
Name (Last, First, and Middle Initial)				Social Security Number (Optional)	
Mailing Address (Include apartment number, if any)			E-Mail Address		Home Telephone
City	County	State	ZIP	Work Message Telephone	

### Application Type (Check all boxes that apply to you):

Are you currently a permanent State of Washington employee?

No, Open Competitive (A)     Yes, List Current Agency's Name \_\_\_\_\_

If you are a permanent employee, check application type (See definitions in "Instructions")

Promotion (B)    Layoff (F)    HEP Employee (H)    Transfer    Voluntary Demotion (E)

### Exam Information:

Would you like to use your old score?     Yes    No

Enter recruitment number, if known:

Has your name changed?    Yes    No    If yes, previous name: \_\_\_\_\_

Saturday exams are available in Olympia and Spokane only.

If you wish to take your exam on Saturday \*, indicate your choice.

Olympia     Spokane    \*NOTE: Saturday exam space is limited and may delay your exam date.

Do you need testing assistance such as a sign language interpreter, reader, etc?    Yes    No

O F F I C E  U S E	Coded By	Code
	Test Score	
	Selective #1	Selective #2
	Selective #3	Selective #4

### Employment Preferences:

Are you willing to travel as part of this job?    Yes    No

Check types of employment you will accept:

**Shift**     Day    Swing    Graveyard    Rotating

**Schedule**    Full-Time    Part-Time    Non-Permanent (C)    Tandem (Shared)    Project    Seasonal    On-Call

### List Agencies You Prefer (Check one)

Will accept work in any agency    Will **ONLY** accept work in agencies listed below    Any, **EXCEPT** agencies listed below

## Part 2. BACKGROUND INFORMATION

If a driver's license or other license, certificate, or registration is required for this position, please complete the following

License, Certificate, or Registration	License Number	Expiration Date
Driver's License		
CDL		
Other		

(Indicate other type)

Other than English, what languages do you speak, read, or write fluently? \_\_\_\_\_

Have you been convicted of a misdemeanor or felony within the past ten (10) years? (Answering yes will not automatically bar you from employment)

Yes    No

### Part 3. Education and Training

Have you graduated from high school or passed the GED?  Yes  No

List college, business school, military training, and other **relevant** education.

School Name and Location	Month and Year Attended From and To	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	/						
2	/						
3	/						
4	/						
5	/						

### Part 4. Employment History

This section must be completed in order to receive full credit. You may use this form for both volunteer and paid experience.

\*For volunteer work, 174.3 hours equals one month of experience. If you need more spaces, see next page.

1. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:							
2. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:							
3. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:							
4. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:							
5. Present or Last Employer		Employer's Address			Employer's Phone Number		
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving			Volunteer Hrs*	Number of Employees Supervised		
Specific Duties:							

### Part 5. Date and Signature

**TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (Month/Day/Year)

Signature

/ /

**Part 4. Employment History (Continued)**

6. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
7. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
8. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
9. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
10. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
11. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					
12. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Week
Last Salary		Reason for Leaving		Volunteer Hrs*	Number of Employees Supervised
Immediate Supervisor's Name					
Specific Duties:					

## Part 6. Geographic Choice

Please consider carefully where you are willing to work since you will be considered only for locations that you check.

- If you are available for anywhere in a county, check the box next to the county number and name.
- If available only to certain cities, check the box next to the city number(s) and name(s).
- If you select "Other Locations", you will be considered for positions throughout the county, but not in the cities listed for the county.
- If nothing is marked, you will only be considered for positions in your county of residence.
- If you refuse employment at a location selected below, your name will be removed from that employment register.

To change your designation, please call 360-664-1960.

**EXAMPLES:**

- 01 ADAMS COUNTY  
 1 Othello  
 2 Ritzville  
 999 Other Locations

Applicant will work anywhere in Adams County.

- 01 ADAMS COUNTY  
 1 Othello  
 2 Ritzville  
 999 Other Locations

Applicant will work only in Othello.

## WASHINGTON STATE GEOGRAPHIC REGIONS

Whole State

**NORTH/CENTRAL  
 PUGET SOUND REGION**

- 15 ISLAND COUNTY  
 1 Oak Harbor  
 999 Other Locations
- 17 KING COUNTY  
 1 Auburn  
 2 Bellevue  
 3 Bothell  
 4 Burien  
 5 Enumclaw  
 6 Federal Way  
 7 Issaquah  
 8 Kent  
 9 Kirkland  
 10 North Bend  
 11 Redmond  
 12 Renton  
 28 Tukwila  
 41 Snoqualmie
- SEATTLE**  
 13 Ballard  
 14 Beacon Hill  
 15 Capitol Hill  
 16 Central Area  
 17 Downtown Business  
 18 Magnolia  
 19 North Seattle  
 20 Queen Anne  
 21 Rainier Valley  
 22 University District  
 23 West Seattle  
 24 White Center  
 25 Lake City  
 26 South Seattle  
 30 Belltown
- 18 KITSAP COUNTY  
 1 Bremerton  
 2 Port Orchard  
 3 Manchester  
 4 Retsil  
 999 Other Locations
- 27 PIERCE COUNTY  
 1 Buckley  
 2 Gig Harbor  
 3 Lakewood  
 4 Purdy  
 5 Puyallup  
 6 Steilacoom  
 7 Tacoma  
 8 McNeil Island  
 9 Orting  
 999 Other Locations
- 28 SAN JUAN COUNTY  
 1 Friday Harbor  
 999 Other Locations
- 29 SKAGIT COUNTY  
 1 Anacortes  
 2 Mount Vernon  
 3 Sedro Woolley  
 999 Other Locations

31 SNOHOMISH COUNTY

- 1 Arlington  
 2 Edmonds  
 3 Everett  
 4 Monroe  
 5 Mountlake Terrace  
 6 Lynnwood  
 7 Smokey Point  
 999 Other Locations

34 THURSTON COUNTY

- 1 Olympia  
 2 Tumwater  
 3 Cedar Creek  
 4 Lacey  
 999 Other Locations

37 WHATCOM COUNTY

- 1 Bellingham  
 999 Other Locations

**PENINSULA REGION**

05 CLALLAM COUNTY

- 1 Forks  
 2 Port Angeles  
 3 Clallam Bay  
 999 Other Locations

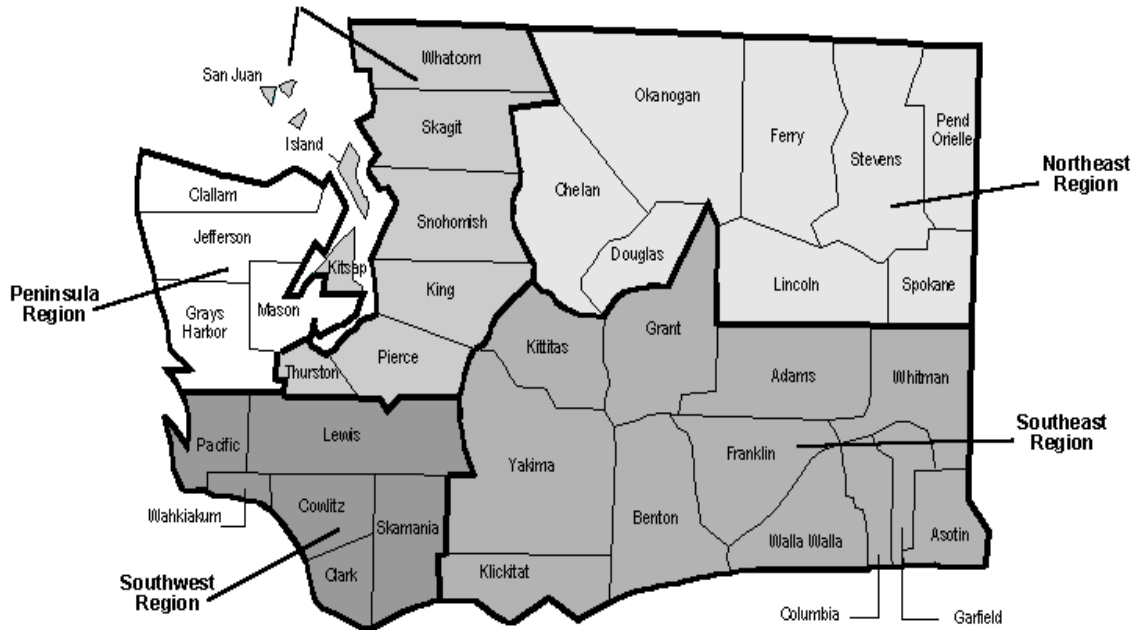
14 GRAYS HARBOR CO.

- 1 Aberdeen  
 2 Hoquiam  
 3 Montesano  
 999 Other Locations

16 JEFFERSON COUNTY

- 1 Port Townsend  
 2 Brinnon  
 999 Other Locations

**North/Central Puget Sound Region**



23 MASON COUNTY

- 1 Shelton  
 2 Belfair  
 999 Other Locations

**SOUTHWEST REGION**

06 CLARK COUNTY

- 1 Vancouver  
 2 Larch Mountain  
 3 Yacolt  
 4 Ridgefield  
 999 Other Locations

08 COWLITZ COUNTY

- 1 Castle Rock  
 2 Kelso  
 3 Longview  
 4 Kalama  
 999 Other Locations

21 LEWIS COUNTY

- 1 Centralia  
 2 Chehalis  
 999 Other Locations

25 PACIFIC COUNTY

- 1 Naselle  
 2 Raymond  
 999 Other Locations

30 SKAMANIA COUNTY

- 30 Skamania County  
 35 Wahkiakum County

**NORTHEAST REGION**

04 CHELAN COUNTY

- 1 Chelan  
 2 Leavenworth  
 3 Wenatchee  
 999 Other Locations

09 DOUGLAS COUNTY

10 FERRY COUNTY

22 LINCOLN COUNTY

24 OKANOGAN COUNTY

- 1 Okanogan  
 2 Omak  
 999 Other Locations

26 PEND OREILLE COUNTY

32 SPOKANE COUNTY

- 1 Cheney  
 2 Medical Lake  
 3 Spokane  
 4 Airway Heights  
 999 Other Locations

33 STEVENS COUNTY

- 1 Colville  
 999 Other Locations

**SOUTHEAST REGION**

01 ADAMS COUNTY

- 1 Othello  
 2 Ritzville  
 999 Other Locations

02 ASOTIN COUNTY

- 1 Clarkston  
 999 Other Locations

03 BENTON COUNTY

- 1 Kennewick  
 2 Prosser  
 3 Richland  
 999 Other Locations

07 COLUMBIA COUNTY

11 FRANKLIN COUNTY

- 1 Pasco  
 2 Connell  
 999 Other Locations

12 GARFIELD COUNTY

13 GRANT COUNTY

- 1 Ephrata  
 2 Moses Lake  
 999 Other Locations

19 KITTITAS COUNTY

- 1 Ellensburg  
 2 Cle Elum  
 999 Other Locations

20 KLIKKITAT COUNTY

- 1 Goldendale  
 2 White Salmon  
 999 Other Locations

36 WALLA WALLA COUNTY

- 1 College Place  
 2 Walla Walla  
 999 Other Locations

38 WHITMAN COUNTY

- 1 Colfax  
 2 Pullman  
 999 Other Locations

39 YAKIMA COUNTY

- 1 Selah  
 2 Sunnyside  
 3 Toppenish  
 4 Union Gap  
 5 Yakima  
 999 Other Locations

## Part 7. Affirmative Action Information

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action definitions at the bottom of the page.

Name (Last, First, Middle Initial)	Date of Birth	Social Security Number (Optional)	Recruitment Announcement Number
1. Are you Hispanic (717) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Are you <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
2. What race or culture do you consider yourself? <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Alaskan Native (015) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (653) <input type="checkbox"/> Asian (621) <input type="checkbox"/> Black/African American (870) <input type="checkbox"/> White/Caucasian (800) <input type="checkbox"/> Other Race (Indicate Race or Culture) _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures) _____		4. Have you ever been on active duty in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes* Dates _____ to _____ <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Did you serve in the Republic of Vietnam <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Disabled Veteran* _____% of disability. * If you checked yes or disabled veteran, complete the Veterans Information on the next page and attach a copy of your DD214. 5. Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Affirmative Action definitions below.)	
Date	Signature		

### Affirmative Action Definitions

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Native Hawaiian or Other Pacific Islander.** A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**White/Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Disabled Veteran.** A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961\*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

\*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

## Part 8. Veteran's Information

Additional points or employment preference is given to veterans who meet state qualifications. **Note: To qualify and receive veteran's preference, you must attach a copy of the discharge, DD214 or NGB Form 22 with your application.**

### For Competitive Employment

Your passing score will be increased by either five (5) or ten (10) percent if you qualify for this program and you are *not* receiving military retirement pay. If you *are* receiving military retirement pay, your passing score will be increased by five (5) percent.

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than Active Duty Training (ADT)?

No  Yes,

If yes, list dates of active military service.

From: \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge \_\_\_\_\_

List campaign, expeditionary, or service medals received.

\_\_\_\_\_

2. Are you receiving a monthly military retirement benefit?

No  Yes

### For Non Competitive Employment

Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

1. Are you the spouse of an honorably discharged veteran who has a service connected permanent or total disability?

No  Yes

If yes, list percentage of spouse's disability: \_\_\_\_\_

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

2. Are you the surviving spouse of a veteran who died from service related activities?

No  Yes

List campaign, expeditionary, or service medals spouse received: \_\_\_\_\_

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

## Part 9. Test Answers

This is an answer section that is used for some recruitment announcements.

Use it if instructed to in the announcement.

Enter your responses below, according to exam instructions.

Agency Use

**CONVERTED  
SCORE**

#### Answer

#### Answer

#### Answer

**RAW SCORE**

1.  a  b  c  d  e \_\_\_\_\_

11.  a  b  c  d  e \_\_\_\_\_

21.  a  b  c  d  e \_\_\_\_\_

2.  a  b  c  d  e \_\_\_\_\_

12.  a  b  c  d  e \_\_\_\_\_

22.  a  b  c  d  e \_\_\_\_\_

3.  a  b  c  d  e \_\_\_\_\_

13.  a  b  c  d  e \_\_\_\_\_

23.  a  b  c  d  e \_\_\_\_\_

4.  a  b  c  d  e \_\_\_\_\_

14.  a  b  c  d  e \_\_\_\_\_

24.  a  b  c  d  e \_\_\_\_\_

5.  a  b  c  d  e \_\_\_\_\_

15.  a  b  c  d  e \_\_\_\_\_

25.  a  b  c  d  e \_\_\_\_\_

6.  a  b  c  d  e \_\_\_\_\_

16.  a  b  c  d  e \_\_\_\_\_

26.  a  b  c  d  e \_\_\_\_\_

7.  a  b  c  d  e \_\_\_\_\_

17.  a  b  c  d  e \_\_\_\_\_

27.  a  b  c  d  e \_\_\_\_\_

8.  a  b  c  d  e \_\_\_\_\_

18.  a  b  c  d  e \_\_\_\_\_

28.  a  b  c  d  e \_\_\_\_\_

9.  a  b  c  d  e \_\_\_\_\_

19.  a  b  c  d  e \_\_\_\_\_

10.  a  b  c  d  e \_\_\_\_\_

20.  a  b  c  d  e \_\_\_\_\_

## Thank you for submitting this employment application...

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. Take a moment to review all documents that you wish to include. If required, have you included copies of official documents, such as military discharge? Please make sure you sign and date your application. A final review now will enable the Department of Personnel to evaluate your application more quickly and efficiently.