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 H						none				
Mailing Address (Include apartment number, if any) E-Mail Address Home Tele						гетернопе				
City	County		State	ZIP	Work Messa	ge Te	lephone			
Application Type (Check all boxes			Coded	Code						
Are you currently a permanent State of Wa		0	Ву							
No, Open Competitive (A) ☐ Yes, L		F								
If you are a permanent employee, check a	pplication type (See de	efinitio	ons in "Inst	tructions")		F	Test Score			
☐ Promotion (B) ☐ Layoff (F) ☐ HEP Er	nployee (H) 🔲 Transf	fer [] Voluntary	y Demotion (E)		1				
Exam Information:						С	Selective #1	Selective #2		
Would you like to use your old score?	☐ Yes ☐ No					Е				
Enter recruitment number, if known:										
Has your name changed? ☐ Yes ☐ No	If yes, previous na	me:				U	Selective #3	Selective #4		
Saturday exams are available in Olympia a						S				
If you wish to take your exam on Saturday	•				_	E				
Olympia Spokane *NOTI	E: Saturday exam space	is limi	ted and ma	y delay your exa	m date.					
Do you need testing assistance such as a	Do you need testing assistance such as a sign language interpreter, reader, etc?									
Employment Preferences:										
Are you willing to travel as part of this job?	☐ Yes ☐ No									
Check types of employment you will accept	ot:									
Shift	ard Rotating									
Schedule Full-Time Part-Time	Non-Permanent (C)] Tan	dem (Sha	red) 🗌 Project	t ☐ Seasoi	nal [On-C	all		
List Agencies You Prefer (Check one)									
☐ Will accept work in any agency ☐ Will	ONLY accept work in	agen	cies listed	below Any,	EXCEPT a	genc	ies liste	d below		
Port 2 PACKCROLIND INFORM	ATION									
Part 2. BACKGROUND INFORMATION If a driver's license or other license, certificate, or registration is Other than English, what languages do you speak,										
required for this position, please complete the following read, or write fluently?										
License, Certificate, or Registration License Number	Expiration Date	Have you been convicted of a misdemeanor or felony within the past ten (10) years? (Answering yes will no automatically bar you from employment)								
Driver's License										
CDL				cally bar you iro	ли етпрюуп	ient)				
Other										
(Indicate other type)			1							

Part 3. Education a	and Training		_						
Have you graduated from List college, business so				_	_				
School Name and Location			and Year ended	Credits Earned		ed	Major	Type of Deg	year Degree
			and To	Quarter	Semester	Other (Specify)		Awarde	
1		1				(ороспу)			
2		/							
		/							
3		/							
4		/		-					
5		/							
Part 4. Employmen	nt History	/							
This section must be con	mpleted in order t								experience.
*For volunteer work, 174 1. Present or Last Employer	1.3 hours equals of	one month	of experience of		ou need r	nore spa	ces, see	next page. Employer's Phone	Number
						1=		. ,	
Your Title		Months & Yea From	rs Employed /	To	n /	I otal	Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volur	teer Hrs*	Number of Employe	ees Supervised
Specific Duties:									
Present or Last Employer			Employer's	Address				Employer's Phone	Number
Your Title		Months & Yea	ars Employed	I in this Positi	on	Tota	l Months	Average Hours	Last Salary
Immediate Supervisor's Name	Reason for Leaving	From	/	То	/	Volu	nteer Hrs*	/Week	vees Supervised
·	Trodoon for Edaving					Void		Trambor of Emplo	- Cuporviscu
Specific Duties:									
Present or Last Employer			Employer's	Address				Employer's Phone	Number
Your Title		Months & Yea	ars Employed		on ,	Tota	l Months	Average Hours	Last Salary
Immediate Supervisor's Name	Reason for Leaving	From	/	То	/	Volu	nteer Hrs*	/Week Number of Employ	/ees Supervised
Specific Duties:									
			Ie	A.1.1				Tet. at Brass	Nl.
Present or Last Employer			Employer's	Address				Employer's Phone	Number
Your Title		Months & Yea	ars Employed	I in this Positi To	on /	Tota	l Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving	7 70111	•		•	Volu	nteer Hrs*	Number of Employ	ees Supervised
Specific Duties:									
Present or Last Employer			Employer's	Address				Employer's Phone	Number
Your Title		Months & Yea	ars Employed	I in this Positi	on	Tota	I Months	Average Hours	Last Salary
Immediate Supervisor's Name	Reason for Leaving	From	/	То		Volu	nteer Hrs*	/Week Number of Employ	/ees Supervised
Specific Duties:									
·									
Part 5. Date and S		nd stateme	nto oro ti	ua and a	omplete te	a tha haa	t of my la	aguidadaa Lug	dorotond that
TO BE ACCEPTED, YO MUST SIGN AND DAT THIS APPLICATION.	U the state may	verify infor ation, remo	rmation, a	and that u	intruthful o	or mislea	ding ansv	nowledge. I ur wers are cause employed.	

Part 4. Employment	History (Con	tinued)						
6. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position To	/	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving	•				Volunteer Hrs*	Number of Employe	es Supervised
Specific Duties:	•						·	
7. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position To	/	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving	•				Volunteer Hrs*	Number of Employe	es Supervised
Specific Duties:							1	
8. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position	1	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volunteer Hrs*	Number of Employ	rees Supervised
Specific Duties:						1		
9. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position	1	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volunteer Hrs*	Number of Employ	ees Supervised
Specific Duties:							•	
10. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position	/	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volunteer Hrs*	Number of Employ	rees Supervised
Specific Duties:							•	
11. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position To	/	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volunteer Hrs*	Number of Employ	rees Supervised
Specific Duties:							•	
12. Present or Last Employer			Employer's	Address			Employer's Phone	Number
Your Title		Months & Yea	ars Employed /	in this Position	1	Total Months	Average Hours /Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving					Volunteer Hrs*	Number of Employ	rees Supervised
Specific Duties:	1					1	-1	

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 names(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.

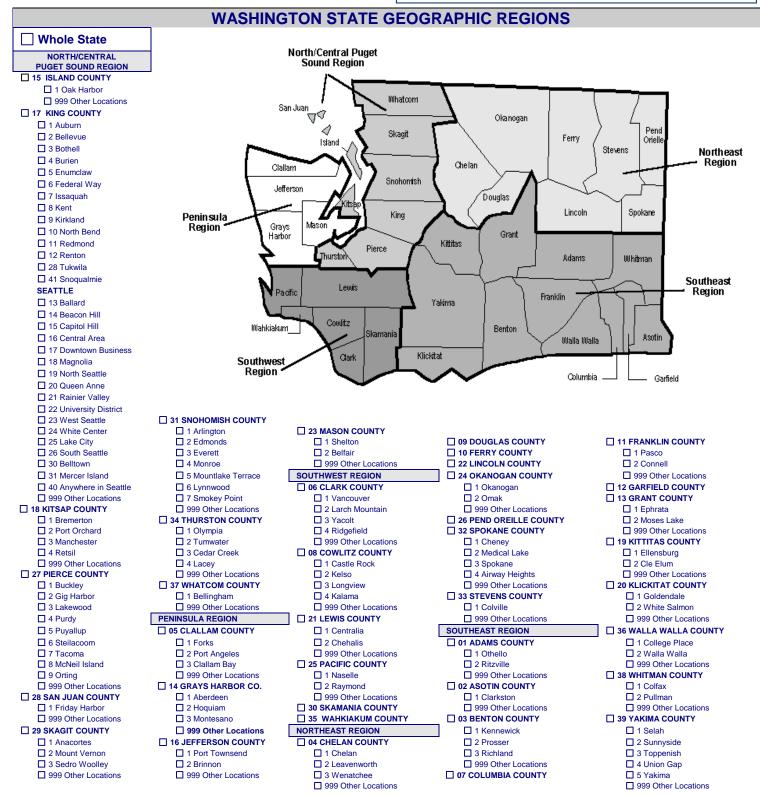
D1 ADAMS COUNTY

1 Othello

2 Ritzville

999 Other Locations

Applicant will work only in Othello.



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) ☐ Yes ☐ No 3. Are vou ☐ Male ☐ Female

2. What race or cu	Ilture do you consider yourself?	4. Have you ever been on active duty in the US Armed Forces?					
American Indiar	n (597)	☐ No ☐ Yes* Dates to					
☐ Alaskan Native		☐ Vietnam Era Veteran					
	or Other Pacific Islander (653)	☐ Did you serve in the Republic of Vietnam					
Asian (621)	Tor other radine islander (655)	☐ No ☐ Yes Dates to					
		☐ Disabled Veteran*% of disability.					
Black/African A	merican (870)	* If you checked yes or disabled veteran, complete the Veterans Information on the next page and attach a copy of your DD214.					
	an (800)						
Other Race (Inc	dicate Race or Culture)	5. Do you have a long-term condition such as: blindness, deafness,					
☐ Multi-Racial (Indicate Races or Cultures)		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?					
		☐ Yes ☐ 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. To	est Answers							
This is an answer section that is used for some recruitment announcements.								
			instructed to in the announcer	-			CONVERTED	
	Enter yo	our respon	nses below, according to exar	n instruction	าร.		SCORE	
	Answer		Answer			Answer		
1. 🗆	la □b □c□d □e		11. □a □b □c□d □€		21.	□a □b □c□d □e	RAW SCORE	
2. []a □b □c□d □e		12. □a □b □c□d □€	·	22.	□a □b □c□d □e		
3.]a □b □c□d □e		13. □a □b □c□d □€	·	23.	□a □b □c□d □e		
4.]a □b □c□d □e		14. □a □b □c□d □€	·	24.	□a □b □c□d □e		
5.]a □b □c□d □e		15. □a □b □c□d □€		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 □€	·	27.	□a □b □c□d □e		
8. 🗆]a □b □c□d □e		18. □a □b □c□d □€		28.	□a □b □c□d □e		
9. 🗆]a □b □c□d □e		19. □a □b □c□d □€	•				
10.	la □b □c□d □e		20. ПаПЬПсПdПe	1				

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.