



EMPLOYMENT APPLICATION
YAKIMA REGIONAL CLEAN AIR AGENCY
An Equal Opportunity Employer

Please return to: YRCAA, 329 N. 1st St., Yakima, WA 98901-2303 Attn: Human Resources

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (last, first, middle) \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

General Information

State: \_\_\_\_\_ License No.: \_\_\_\_\_

Do you have a valid driver's license? Yes [ ] No [ ]

Expiration Date of License: \_\_\_\_\_

U. S. Military Service: Yes [ ] No [ ]

Education and Training Summary:

High School graduate or General Education Development test passed?

Yes [ ] No [ ]

If no, what was the highest grade completed? \_\_\_\_\_

Colleges, Vocational or Technical Schools:

College Degree(s) or Certificate(s):

\_\_\_\_\_ / Date(s) \_\_\_\_\_

\_\_\_\_\_ / Date(s) \_\_\_\_\_

College Course(s)

\_\_\_\_\_

Office Skills )write number of years of experience next to each skill):

Computer: \_\_\_ Operation \_\_\_ Programming \_\_\_ Data Entry

Software: \_\_\_ Spreadsheet \_\_\_ Word Processing \_\_\_ Dbase/Relational

Other: \_\_\_ Personal Computer \_\_\_ 10-Key Calculator

Keyboard/Data Entry: \_\_\_ wpm

Language Skills: (List any foreign language)

Language: \_\_\_\_\_ Spoken \_\_\_ Written

Language: \_\_\_\_\_ Spoken \_\_\_ Written

Computer Skills:

Describe your computer operational skills, including programs used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Equipment Skills: Describe your equipment operational skills related to the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

License and Certifications: (Professional or trade licenses which are required for this position)

Description Issued By Expiration Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** Begin with most recent employer *Please Note: Applicants are encouraged to attach a resume.*

From: __/__/__ To: __/__/__ Hours per week ____	Job Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor's Name: _____ Phone: _____ Reason for Leaving: _____
From: __/__/__ To: __/__/__ Hours per week ____	Job Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor's Name: _____ Phone: _____ Reason for Leaving: _____
From: __/__/__ To: __/__/__ Hours per week ____	Job Title: _____ Duties: _____ _____ _____	Employer: _____ Address: _____ City/State: _____ Supervisor's Name: _____ Phone: _____ Reason for Leaving: _____

Of the jobs above, which one did you most enjoy and Why? \_\_\_\_\_

Comments \_\_\_\_\_

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

I authorize all YRCAA to perform a background check and to verify the information presented here. I hereby release them and YRCAA from all liability or any damage whatsoever arising there from. (Failure to sign does not bar consideration for employment.)

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_