



EMPLOYMENT APPLICATION
YAKIMA REGIONAL CLEAN AIR AGENCY an Equal Opportunity Employer

INSTRUCTIONS: Type or legibly print in the spaces provided. Do not type or print in the shaded areas. Sign and date the application. Incomplete Applications may not be accepted. You may submit up to 3 letters of recommendation.

General Information			Computer Skills Write number of years of experience next to each skill.			
Position for which you are applying			Website	Operation	Programming	Data Entry
Last Name	First Name	Middle Initial	Software	Spreadsheet	Word Processing	Dbase/Relational
Mail Address			Describe Any Other Computer Skills			
City/State/Zip			Keyboard/Data Entry Words per Minute Ability			
Email Address			Language Skills List any foreign language spoken & check appropriate skill level.			
Home Phone	Work Phone	Message Phone	Language	Fluent	Conversational	
Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
State	No.	Expires		<input type="checkbox"/>	<input type="checkbox"/>	
United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			Equipment Skills List equipment skills you have which may apply to this position.			
If no, describe status.						
U. S. Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Dates of Service			Licenses and Certifications			
Type of Discharge			List professional licenses/certifications you hold which may apply to this position.			
Education			License or Certification	Issued By	Expiration Date	
High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If no, highest grade completed.						
List Colleges, Vocational or Technical Schools & Dates Attended						
			Other Skills or Aptitudes Which May Apply to this Position			
List Colleges Degree(s) or Certificate(s) Obtained and Date(s) Obtained						
List College Course(s) of Study						

Employment History

List your previous work experience including, self-employment and military service. Begin with the most recent employer.

From To Hours per week Rate of pay	Job Title Duties	Employer Address City/State/Zip Supervisor's Name Phone Reason for Leaving
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Of the jobs above, which one did you most enjoy and why?		

Agreement, Authorization and Certification

I hereby certify that all information on this application is true and understand that false or misleading information on this application may result in the removal of my name from consideration for employment and, if hired, may result in termination of any employment. I understand that this information may be subject to verification and I authorize YRCAA to perform a background check and to verify the information presented here. I hereby release YRCAA from all liability for any damage whatsoever arising therefrom.

Signature of Applicant _____ **Date** _____

This agency will consider all individuals for any position for which they are qualified and able to perform. It is also the policy of this agency to administer all phases of its personnel recruitment, hiring, placement, compensation, benefits, and all other conditions or privileges of employment without regard to race, color, religion, sex, national origin, age, marital status, disability or veteran status.