

CITY OF ELMA
202 W. MAIN STREET
P.O. BOX E
ELMA, WASHINGTON
360-482-2212 PHONE
360-482-4960 FAX

This City of Elma is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by Federal, State or local law.

EMPLOYMENT APPLICATION

Name: _____
First Middle Last

Present Address: _____

Previous Address: _____

Telephone Number: (Home) _____
(Work) _____

Position(s) Applied for: 1: _____
() Full Time () Part Time 2: _____
() Temporary 3: _____

Specify Days and Hours for which you are Available: _____

Date Available: _____ Desired Salary: _____

Are you willing to relocate? Yes () No ()
If yes, specify location: _____

How were you referred to the City of Elma? _____

Are you authorized to work in the United States? Yes () No ()
(documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted)

Have you ever applied here before? Yes () No ()
If Yes, specify date(s): _____

Give the name and relationships of any relatives you have working for the City of Elma: _____

Is there is anything that will prevent you from performing the essential functions of the position, or positions for which you are applying with or without reasonable accommodation? (See Job Description attached) If so, explain: _____

Have you been convicted of a criminal offense within the past 7 years?
Yes () No () if yes, please explain the nature of the offense, date, court and description:

Note: Although the City may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment with the City of Elma.

Are you at least 18 years of age? Yes () No ()

Employment History: Start with your current or most recent employer:

1: Employer: _____
Address: _____

Telephone Number: _____

Job Title: _____ Supervisor: _____
Salary: _____
Employed from: _____ to _____
Duties performed: _____

Reason for Leaving: _____

2: Employer: _____
Address: _____

Telephone Number: _____

Job Title: _____ Supervisor: _____

Salary: _____
Employed from: _____ to _____
Duties Performed: _____

Reason for Leaving: _____

3: Employer: _____
Address: _____
Telephone Number: _____

Job Title: _____ Supervisor: _____
Salary: _____
Employed from: _____ to _____
Duties Performed: _____

Reason for Leaving: _____
If you need additional space, please continue on a separate sheet of paper.

Have you worked under a different name for any of these employers?
Yes () No () If yes, please identify the employer and state the name: _____

Employees should note the revisions to the WAC are currently pending that would extend the time period relating to prior convictions to those occurring within the previous 10 years. Law enforcement agencies, state agencies, school districts, businesses and other organizations that have a direct responsibility for the supervision, care, or treatment of children, mentally ill persons, developmentally disabled persons or other vulnerable adults are exempt from the rule limiting inquiries regarding convictions.

EDUCATION RECORD:

Name of School	Location	Years Attended	Did You Graduate	Year Left School	Major/Degree Minor Received
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High School: _____

College: _____

College: _____

Other: _____

Other: _____

U.S. Military Record: Have you served in the U.S. Armed Forces
Yes () No () If yes, please give the date of service:
From: _____ To: _____ Branch: _____

PERSONEL REFERENCES:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PROFESSIONAL REFERENCES:

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City to investigate all statements in this application and to secure any necessary information from all my employers, references, academic institutions. I hereby release all of those employers, references, academic institutions, and I release the City from any and all liability arising from the release giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City. I also authorize the City to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the City will provide me with a complete description of the nature and scope of the credit report investigation.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, employment credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the City has not employed me and for immediate dismissal if the City has employed me. I also authorize the City 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 the City from any and all liability for its providing this information.

In the event of my employment with the City, I will comply with all rules, regulations, and policies set forth in the City's policy manual or the communications distributed by the City.

I understand that nothing in this employment, in the City's policy statements or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and me. I also understand that the City has the right to modify its policies without giving me any advance notice of changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless it is made in writing and signed by the Mayor. 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 the City 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.

Signature of Applicant

Date

This City is committed to non-discrimination in employment practices. To assist, the City requests that you provide following information which will not be used in evaluating your application. Completion of this section is optional.

Sex: Male Female

Ethnic Origin:

- Asian or Pacific Islander
- American Indian or Alaskan Native
- Veteran
- Individual with a disability
- Black
- White
- Hispanic

For City Use Only:

Job Group: _____

AUTHORIZATION TO RELEASE INFORMATION:

TO:

I hereby request and authorize to furnish the City of Elma with any and all information they may request concerning my work record, education history, military record, financial statues, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as photocopies of such documents, if requested.

This information will be used for the purpose of determining my eligibility for employment with the City of Elma.

I hereby release you and the City of Elma from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to be considered as an employee of the City of Elma.

SIGNATURE: _____

DATE: _____

Note: THIS FORM MAY BE RETAINED IN YOUR FILES.