



POSITION YOU ARE APPLYING FOR:

SUBMIT A SEPARATE APPLICATION FOR EACH POSITION

APPLICATION FOR EMPLOYMENT

BOX PO BOX 3005, 202 W. Main Street, Elma, WA 98541 • (360) 482-2212

Website: www.cityofelma.com Email: wendy@cityofelma.com

PLEASE CHECK VACANCY ANNOUNCEMENT IF A RESUME OR SUPPLEMENTAL QUESTIONNAIRE IS REQUIRED TO BE ATTACHED TO YOUR APPLICATION. NOTE: AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. PLEASE BE CERTAIN TO SIGN YOUR APPLICATION

The City of Elma is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

NAME: _____
LAST/FIRST/MIDDLE INITIAL

ADDRESS: _____
STREET/CITY/STATE/ZIP CODE

Are you over the age of 18? YES NO If not, give date of birth: _____

HOME TELEPHONE: _____ MESSAGE #: _____ WORK #: _____ EMAIL ADDRESS: _____

U.S CITIZEN OR DO YOU HAVE A VISA PERMITTING YOU TO WORK IN THE U.S.? YES NO INS DOCUMENT #: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO CDL ENDORSEMENT? YES NO CLASS _____

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE? (POLICE OFFICER & FIREFIGHTER POSITIONS ONLY) YES NO

EDUCATION:

TYPE OF SCHOOL	SCHOOL AND LOCATION	DATES OF ENROLLMENT	MAJOR COURSE	DEGREE/DATE
HIGH SCHOOL OR G.E.D.		DO NOT COMPLETE THIS BOX		DO NOT COMPLETE THIS BOX
BUSINESS OR TECH				
UNDERGRADUATE STUDIES				
GRADUATE STUDIES				
OTHER COURSES AND TRAINING				

SPECIAL SKILLS OR PROFESSIONAL LICENSES: _____

PROVIDE THE NUMBER OF YEARS OF EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING:

COMPUTER HARDWARE/SOFTWARE
(INDICATE WHAT TYPE AND LENGTH OF TIME)

WORD PROCESSING EQUIPMENT
(INDICATE WHAT TYPE AND LENGTH OF TIME)

10 KEY:

DATA ENTRY:

KEYBOARDING SPEED:

PROFESSIONAL REFERENCES: (Please do not list relatives or personal references)

Name	Address	Phone

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize my previous employers to furnish the City of Elma my performance record, reason for leaving and all information they may have concerning me. I hereby release my previous employers and the City of Elma from any and all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application.

Signature (Required): _____ DATE: _____

WORK HISTORY: BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK/EXPERIENCE HISTORY INCLUDING ANY GAPS OF EMPLOYMENT. PLEASE COMPLETE THE FOLLOWING SECTIONS FULLY EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. ALL APPLICATIONS MUST BE SIGNED

POSITION TITLE: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T or P/T
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? YES NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____

POSITION TITLE: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T or P/T
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? YES NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____

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PHONE: _____ HOURS WORKED PER WEEK: _____ F/T or P/T
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? YES NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
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POSITION TITLE: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
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PHONE: _____ HOURS WORKED PER WEEK: _____ F/T or P/T
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? YES NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____

POSITION TITLE: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T or P/T
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? YES NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____

Additional pages may be added following the above format for additional job history if necessary

APPLICANT NAME: _____ POSITION APPLIED FOR: _____

ARE YOU A CURRENT OR FORMER CITY OF ELMA EMPLOYEE? YES NO

POSITION & DEPT.: _____ DATES: _____

HAVING A RELATIVE EMPLOYED BY THE CITY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

NAME OF ANY RELATIVES EMPLOYED BY THE CITY: _____ RELATIONSHIP: _____ DEPT: _____

EQUAL OPPORTUNITY EMPLOYMENT

We would appreciate completion of the equal employment information below. This is entirely voluntary. This information will be kept confidential and will be retained separately from your application.

Please check groups with which you identify (please specify): MALE FEMALE

CAUCASIAN

AFRICAN AMERICAN

ASIAN NATIVE AMERICAN

HISPANIC

OTHER

HOW DID YOU LEARN OF POSITION OPENING? Please identify the sources:

Referral Agency (Name): _____

Newspaper (Name): _____

Magazine/Professional Journal (Name): _____

Job Posting (Where Seen): _____

Internet Source (Please identify): _____

Friend or associate (check):

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 a 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

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 status, 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 file.