

Please return to:
115 W. NACHES AVE.
SELAH, WA 98942
(509) 698-7328
FAX (509) 698-7338

EMPLOYMENT APPLICATION

CITY OF SELAH



This application has been approved by the State of Washington Human Rights Commission

THE CITY OF SELAH IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION OR THE PRESENCE OF DISABILITY.

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States within three (3) days of hire.

POSITION APPLIED FOR:		TODAY'S DATE:	
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:		CITY, STATE, ZIP:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ALTERNATE PHONE:	(Number where message may be left from 8:00 am to 5:00 pm)		
VALID WA STATE DRIVER'S LICENSE? [] YES [] NO	IF OTHER STATE, WHICH?		
Are you under 18 years old? [] YES [] NO			
(A valid driver's license is required only where stated on the Job Announcement)			
DRIVER'S LICENSE NUMBER:			
SPECIAL ENDORSEMENTS/LICENSES:			
TRAFFIC VIOLATIONS (If position for which you have applied involves driving)			
Have you ever been convicted, pleaded no contention or paid a fine for any traffic violations in the past three (3) years?			
[] YES [] NO IF YES, please explain:			
I have received and read the Job Announcement for this position and can perform the essential job functions			
[] YES [] NO			
If you need any form of accommodation to participate in the application or testing process, or to successfully fulfill requirements of the job for which you are applying, please provide reasonable notice to Human Resources at Selah City Hall, 115 W. Naches Ave., Selah, WA 98942			

TRAINING AND EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:	8	9	10	11	12	GED
COLLEGES/OTHER TRAINING:						

EQUIPMENT, OFFICE AND COMPUTER SKILLS

Describe skills to include computer, office, and heavy equipment operation, as they apply to job. Include programs used, typing speed, type of equipment, hours of operation, and other information relevant to the job for which you are applying.

NOTICE: If you are currently under Public Employees' Retirement System, Law Enforcement Officers' and Fire Fighters' or Teachers' Retirement System, your retirement benefits may be interrupted if you are hired by the City of Selah. Contact State Department of Retirement Systems with questions.

WORK HISTORY PLEASE COMPLETE THIS SECTION. You may attach a resume, but sections must be complete for your application to be considered. Begin with your present or most recent employment, and include periods of self-employment and U.S. military experience. Attach extra pages if necessary in order to list your work experience for the last 10 years.

EMPLOYER'S NAME		POSITION	
CITY & STATE		STARTING SALARY	LAST SALARY
FROM	TO	HOURS WORKED PER WEEK	
SUPERVISOR		SUPERVISOR'S TELEPHONE NUMBER	
MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			
EMPLOYER'S NAME		POSITION	
CITY & STATE		STARTING SALARY	LAST SALARY
FROM	TO	HOURS WORKED PER WEEK	
SUPERVISOR		SUPERVISOR'S TELEPHONE NUMBER	
MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			
EMPLOYER'S NAME		POSITION	
CITY & STATE		STARTING SALARY	LAST SALARY
FROM	TO	HOURS WORKED PER WEEK	
SUPERVISOR		SUPERVISOR'S TELEPHONE NUMBER	
MAY WE CONTACT THIS SUPERVISOR FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF EMPLOYEES SUPERVISED BY YOU:			
PRIMARY DUTIES:			
REASON FOR LEAVING:			

REFERENCES

Please list below any people in addition to supervisors listed above who can evaluate your work performance		
NAME	WORK RELATIONSHIP TO YOU	TELEPHONE NUMBER

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish the City of Selah my record, reason for leaving and all information they may have concerning my employment. I hereby release any such current or former employers or institutions, their agents or employees and the City of Selah from all liability for any damage whatsoever arising therefrom. I authorize investigation of all statements in this application. In the event of employment, I understand that I will be required to abide by all City policies, rules, and regulations. I understand that this application is not intended to be a contract for employment, and that the City of Selah reserves the right to make changes in conditions and benefits of employment.

SIGNATURE OF APPLICANT

DATE

THE FOLLOWING MUST BE COMPLETED

Have you ever been convicted of a felony or a misdemeanor other than minor traffic offenses, or been released from prison within the last 10 years?
 Yes No If the answer is "yes", please give the nature of the crime, dates of convictions, and the court in which you were convicted:

Conviction of a crime will not disqualify you from employment unless it would reasonably affect your fitness for the job for which you have applied.

How/where did you hear about the position you are applying for?
 Friend or Relative
 Employment Security
 City Job Bulletin – Which? _____

(please check one.)
 Newspaper Ad
 City Employee
 Other Means (specify) _____

What attracts you to this City?

Please complete the information below. This information is voluntary, will be removed from application before selection process begins, and will be kept confidential other than when making a hiring decision (RCW 9.66.A.020).

AFFIRMATIVE ACTION DATA

In accordance with Federal and State Equal Employment Opportunity laws, it is the policy of the City of Selah to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of disability. Providing this information is voluntary and will be kept in a confidential file separate from the application form.

SEX: Female Male AGE: 40 years of age or older? Yes No ARE YOU A VETERAN OF U.S. MILITARY SERVICE? Yes No

ARE YOU DISABLED? Yes No If yes, please explain _____

ETHNIC CATEGORY (check one): White Black Hispanic Native American Asian/Pacific Islander Other _____