

Please Return to:
 115 W. Naches Ave
 Selah, WA 98942
 (509) 698-7381
 Fax: (509) 698-7338

City of Selah Application for Employment



(Use different form if applying for employment at
 Fire Department or Police Department)

THE CITY OF SELAH ADHERES TO EQUAL OPPORTUNITY PRINCIPLES. APPLICANTS FOR DIRECT-EMPLOYMENT POSITIONS ARE EVALUATED BASED ON LEGAL METRICS AND ACTUAL QUALIFICATIONS, AND NO ILLEGAL DISCRIMINATION WILL OCCUR BASED ON RACE, COLOR, HEREDITY, ETHNICITY, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, RELIGION, CREED, AGE LESSER THAN 40, MARITAL STATUS, FAMILY STATUS, RELATIONSHIP STATUS, VETERAN STATUS, ACTUAL OR PERCEIVED DISABILITY, AND/OR NECESSITY OF REASONABLE ACCOMMODATION(S). APPLICANTS OF COLOR AND/OR HISTORICALLY UNDERREPRESENTED MINORITIES ARE ENCOURAGED TO APPLY. DIVERSE BACKGROUNDS, EXPERIENCES AND SKILLS ARE RECOGNIZED AS POTENTIALLY VALUABLE TO THE CITY'S OPERATIONS, AND THUS DIVERSE APPLICANTS OF ALL TYPES ARE ENCOURAGED TO APPLY.

Position Being Applied For:		Today's Date:
Full Legal Name:		Home/Mobile Phone Number(s):
Home Street/Mailing Address:		City, State, & Zip Code:
E-Mail Address(es):		
Date of Birth:	Do You Possess or Can You Obtain a Valid WA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Any Special WA Driver's License(s)/Endorsement(s), such as a CDL:
Are You a Military/Service Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> Somewhat – List the Language(s): <input type="checkbox"/> No	Have You Previously Worked for a Government Entity? <input type="checkbox"/> Yes – List Location(s) and Length(s) of Service: <input type="checkbox"/> No
Education/Training/Professional History:		
Do You Possess a High School Diploma/Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No		List Any Post-High School Education/Degree(s):
List Any Training, License(s), Professional Certification(s), Etc., You Possess:		

Office, Computer and/or Personal Skills:

List Any Skills You Possess with Regard to Computer/Software Literacy, Typing, Etc.:

Other Relevant Information/Qualification(s), But Do Not List Whether You Have Any Disability and/or May Need Any Accommodation (Because Those Topics Can Only Be Potentially Addressed at a Later Stage of the Process):**Work/Military History for Prior 10 Years:**

You may attach a resume or CV, but you still must complete these sections. 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/Agency:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
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Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:
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Reason for End of Employment (if no longer ongoing):	Number of Subordinates You Supervised, if Any:
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Name of Your Supervisor(s):	Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):
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May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Please State the Reason(s) Why:
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Any Reason(s) You Believe this Prior Employment Make You a Good Candidate for this Selah Position:

Employer/Agency:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
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Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:
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Reason for End of Employment (if no longer ongoing):	Number of Subordinates You Supervised, if Any:
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Name of Your Supervisor(s):		Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):	
May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State the Reason(s) Why:	
Any Reason(s) You Believe this Prior Employment Make You a Good Candidate for this Selah Position:			
Employer:	End Date (if any):	Start Date:	Typical Number of Hours Worked Per Week:
Location(s) You Worked At:	Position You Held:	Typical Duties/Tasks Performed:	
Reason for End of Employment (if no longer ongoing):		Number of Subordinates You Supervised, if Any:	
Name of Your Supervisor(s):		Your Supervisor(s)' Telephone Number(s) & E-Mail Address(es):	
May We Contact Your Supervisor(s) for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Please State the Reason(s) Why:	
Any Reason(s) You Believe this Prior Employment Make You a Good Candidate for this Selah Position:			

Professional and/or Personal References:	
Please list people who you authorize us to contact as references for you on a professional and/or personal basis.	
Name:	Telephone Number(s) & E-Mail Address(es):
Name:	Telephone Number(s) & E-Mail Address(es):
Name:	Telephone Number(s) & E-Mail Address(es):

Please initial each box below, in order to make each affirmations and acknowledgment:	Initials
I Affirm that all information provided on this four-page Application for Employment, and also on any attached pages or otherwise submitted information, is accurate:	
I Acknowledge that it will be grounds for immediate termination on a with cause basis if any information provided as part of my application proves to be inaccurate:	
I Affirm that I have read the work description, if any, for this position:	
I Affirm that I am able perform the essential functions of the position:	
I Acknowledge that I am not guaranteed to be interviewed, nor guaranteed to be selected for employment:	
I Acknowledge that even if I am interviewed that I am not guaranteed to be selected for this position or any other position:	
I Acknowledge that an express and continuing condition of employment will be that I must be legally eligible to be employed under Washington and United States law:	
I Acknowledge that if I am selected for this position the City will conduct a criminal history background check on me with regard to any felony convictions during the preceding ten years and/or any misdemeanor convictions during the preceding ten years that involve moral turpitude (e.g., theft, passing a bad check, forgery, perjury, etc.): ¹	
I Acknowledge that I will be required to abide by all Washington and United States laws and regulations, and also all City laws, policies, rules and regulations during this position:	
I Acknowledge that an express condition of this position will be that I must pass all necessary training courses relevant for this position.	

Applicant Signature

Initials

Date Signed

¹ Prior criminal history is not necessarily a disqualifying factor for employment in this position. The City complies with Washington’s Fair Chance Act, RCW Chapter 49.94. Any arrest(s) that do not result in conviction will not be considered.