



CITY OF CENTRALIA

118 W. Maple Street/P.O. Box 609
Centralia, WA 98531
www.cityofcentralia.com

APPLICATION FOR EMPLOYMENT

Title of position you are applying for: _____ Today's Date: _____

YOUR CONTACT INFORMATION

Last Name	First Name	Home Phone	Cell Phone
Address		Work Phone	Email Address
City, State, Zip		How would you like us to contact you?	

Are you a current or former City of Centralia Employee?	Position/Department	Dates
Relatives employed by the City	Relationship	Department

WORK HISTORY

Current or Most Recent Employer	Start Date	End Date	Supervisor
City/State	Position/Title		Employer Phone
Job Duties			
Reason For Leaving:			

Do we have your permission to contact your current employer? YES NO

Employer	Start Date	End Date	Supervisor
City/State	Position/Title		Employer Phone
Job Duties			
Reason For Leaving:			

Work History (continued)

Employer	Start Date	End Date	Supervisor
City/State	Position/Title		Employer Phone
Job Duties			
Reason For Leaving:			

EDUCATION

Did you graduate from high school or obtain a GED?	YES	NO
School Name & Location		

Please list all Colleges and Universities attended:

School Name & Location	Start Date	End Date	Major/Area of Study	Degree/Year Awarded
School Name & Location	Start Date	End Date	Major/Area of Study	Degree/Year Awarded
School Name & Location	Start Date	End Date	Major/Area of Study	Degree/Year Awarded

Please list all Business and Trade Schools attended:

School Name & Location	Start Date	End Date	Major/Area of Study	Certificate/Year Awarded
School Name & Location	Start Date	End Date	Major/Area of Study	Certificate/Year Awarded
School Name & Location	Start Date	End Date	Major/Area of Study	Certificate/Year Awarded

Other Courses or Training Attended:

Institution	Location	Course	Course Length and Date
Institution	Location	Course	Course Length and Date

SPECIAL SKILLS AND KNOWLEDGE

Please list any special training, skills, professional memberships, certificates, licenses, or experiences that would pertain to the position you are applying for: _____

FOR CLERICAL/ADMINISTRATIVE POSTIONS ONLY

Please indicate your level of skill with the following Microsoft Software Systems.

Word:	Excel:
PowerPoint:	Outlook:

FOR TRADES AND LABOR POSITIONS ONLY

Please list any specialized tools, machines and equipment you can operate.

1.	2.
3.	4.
5.	6.

Branch	Date Entered	Date Discharged
Please Describe any service-related skills that may be applicable to the position you are applying for:		
Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.01.010?	YES	NO

U.S. MILITARY SERVICE (FOR CIVIL SERVICE CLASSIFIED POSITIONS ONLY)

BACKGROUND INFORMATION FOR ALL POSTIONS

Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S? YES NO
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

Driver's license number _____ State _____ Expiration Date _____

Have you ever been disciplined or discharged for cause? YES NO

If yes, please briefly describe the circumstances: _____

Please list any violations, tickets, accidents, or incidents in the last five (5) years that will be listed on your driving record.

Have you reviewed the City of Centralia job description for the job you are applying for?

YES NO

Do you feel you are able to perform the essential functions of the job either with or without reasonable accommodation?

YES NO

REFERENCES

Please provide three references, including supervisors, subordinates, and peers.

Name	Relationship	Reference Contact Information
1.		
2.		
3.		

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Centralia to investigate all statements in this application to secure any necessary information from all of my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City of Centralia from any and all liability arising from their 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. It is further agreed and understood that I shall hold the City of Centralia harmless for use of any and all information gained through these inquires.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any misrepresentations in any of my answers or statements will result in a cancellation of my application, or if employed, will be cause for dismissal. I also authorize the City to supply information about my employment record, in whole or in part, in confidence or 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.

I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Centralia is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's license.

If I am applying for an exempt position, I understand that nothing in this application or my communications with any Centralia official is intended to create an employment contract between the City of Centralia and me. 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 in communications distributed by the City.

I hereby acknowledge that I have read and understand the preceding statement, and to the best of my knowledge, I certify that all statements made by me on this application are true and complete.

Signature of Applicant

Date

In compliance with federal and state laws and equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, age, color, national origin, sex, disability, sexual orientation, marital status, genetic information, veterans status, or any other basis prohibited by federal, state, or local law.

Reasonable accommodation with the application and examination process is available, upon request, for persons with disabilities.

AFFIRMATIVE ACTION QUESTIONNAIRE

Discrimination in employment is prohibited under TITLE VII of the Civil Rights Act of 1984 and Section 504 of the Rehabilitation Act of 1983. With the legal responsibility of making equal employment opportunity a reality, the City of Centralia has implemented an affirmative action program. The goal of the program is to attain proportional representation of the community at all levels of City employment.

For the purpose of effectively implementing the City's Affirmative Action Plan, we would appreciate your providing the information requested below. The information is entirely voluntary and will remain confidential. Supervisors or other departmental employees will not see the information.

Please check the sex with which you identify.

Male Female

Please check the racial/ethnic group with which you identify. If you are more than one race, please check multi-racial and indicate your preference for Affirmative Action purposes.

White/Caucasian Black/African-American Asian/Pacific Islander
 Hispanic Native American* Alaskan Native
 Multi-racial Other _____
(please specify)

*As set forth in EEOC Form 164 (EEO-9). Proof of tribal affiliation required.

Have you ever been on active duty in the U.S. Armed Services? YES NO
If yes, a. Dates served: _____ b. Are you a disabled veteran? _____ % _____

Do you have a physical, mental, or sensory disability that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself, or performing manual tasks? YES NO

If yes, please explain: _____

Would you need any special equipment, help, or special arrangements to adequately perform the job for which you have applied? YES NO

Title of position for which you are applying _____

Name _____ Date _____