

From	To	Employer	Phone
Job Title		Address	
Start \$	Final \$	Primary Duties	
Supervisor			
Reason for Leaving			

Skills and Qualifications

Summarize special skills and qualifications acquired that may qualify you for work with our City for this position.

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School or GED				
College				
Business or Technical				
Other training				

References

Name - Address - Occupation	Telephone	Years Known

Military Service Record

Were you in the US Armed Forces? Yes _____ No _____ Branch _____

Duties _____

Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? Yes _____

No _____

Have you been convicted of a misdemeanor or felony within the last 10 years that would tend to have a direct bearing on this position? Yes _____ No _____ If yes, please explain: _____

Have you received any traffic citations in the last 3 years? Yes _____ No _____ If yes, please explain: _____

NOTE: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job. Traffic citations may have bearing on your insurability with the City's insurance carrier.

Can you with or without accommodation, perform the essential functions of this position? Yes _____ No _____

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

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 my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City 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 inquiries.

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 misrepresentation in any of my answers or statements will result in 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.

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.

Special assistance with the application and examination process is available, upon request, for persons with disabilities.

Call (360) 330-7672/FAX (360) 330-7673

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 and 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:

Male _____ Female _____

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 US Armed Services?

_____ Yes (if checked, see a & b) _____ No

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 _____

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

If yes, please explain _____

Title of position for which you are applying _____

Name _____

Address _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____

(Signature of applicant)