



**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**

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

<b>Are you a current or former City of Centralia Employee?</b> YES                      NO	<b>Position/Department</b>	<b>Dates</b>
<b>Relatives employed by the City</b>	<b>Relationship</b>	<b>Department</b>

**WORK HISTORY**

<b>Current or Most Recent Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Supervisor</b>
<b>City/State</b>	<b>Position/Title</b>	<b>Employer Phone</b>	
<b>Job Duties</b>			<b>Ending Salary</b> \$
<b>Reason For Leaving:</b>			

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

<b>Employer</b>	<b>Start Date</b>	<b>End Date</b>	<b>Supervisor</b>
<b>City/State</b>	<b>Position/Title</b>	<b>Employer Phone</b>	
<b>Job Duties</b>			<b>Ending Salary</b> \$
<b>Reason For Leaving:</b>			

**Work History (continued)**

Employer	Start Date	End Date	Supervisor
City/State	Position/Title	Employer Phone	
Job Duties			Ending Salary \$
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.

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

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

## 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 discipline 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 SINGING 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 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 person, 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.**

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**Signature of Applicant**

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**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.*

