

## EMPLOYMENT APPLICATION CITY OF TIETON, WASHINGTON

Return to: City of Tieton PO Box 357 418 Maple Street Tieton, WA 98947 (509) 673-3162

The City of Tieton is an equal opportunity employer. Qualified applicants receive consideration for employment without discrimination because of race, national origin, sex, age, marital status, veteran status, sexual orientation, the presence of a disability or any other protected status. Women and minorities are encouraged to apply.

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/Name		
Street Address City, State, Zip  Valid WA State Driver's License? [ ] yes [ ] no (A valid driver's license is required only where stated o	If other State, which? on the job announcement.)			
Home Telephone: ( )  Cell Phone: ( )  (Give a number where you may be reached or a message	Work Telephone: ( e may be left from 8:00 a.r.	n. to 5:00 p.m.)		
I have received and read the job announcement for this position and can perform the essential job functions with or without reasonable accommodation. [ ] yes [ ] no				
TRAINING AND EDUCATION				
Circle highest grade completed: 8 9 10 11	12 GED Other?_			
	SUBJECT/MAJOR	DEGREE/CERTIFICATE		
EQUIPMENT, OFFICE AND COMPUTER SKILLS				
Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying.				
job duties/area performed). Have you been convicted of a felony or served tim	ne in prison within the la			
<b>TRAFFIC VIOLATIONS</b> (If position for which y Have you ever been convicted, pleaded no contention o If yes, please explain:				

## $EMPLOYMENT\ HISTORY-List\ employment\ for\ the\ past\ ten\ (10)\ years,\ beginning\ with\ current\ position.$ (Attach additional page if necessary).

Employer's Name	Position	
City and State	Starting Salary Ending Salary	
From To	Hours worked per week	
Supervisor	Supervisor's Telephone Number	
May we contact this supervisor/employer for a reference:	[ ] yes [ ] no	
Primary Duties:		
Number of employees supervised by you:	Reason for leaving:	
Employer's Name	Position	
City and State	Starting Salary Ending Salary	,
From To	Hours worked per week	
Supervisor	Supervisor's Telephone Number	
May we contact this supervisor/employer for a reference:	[ ] yes [ ] no	
Primary Duties:		
Number of employees supervised by you:	Reason for leaving:	
Employer's Name	Position	
City and State	Starting Salary Ending Salary	,
From To	Hours worked per week	
Supervisor	Supervisor's Telephone Number	
May we contact this supervisor/employer for a reference:  Primary Duties:	[ ] yes [ ] no	
Filliary Duties.		
Number of employees supervised by you:	Reason for leaving:	

## Can you travel for training and other purposes if the City requires/requests you to do so? [ ] yes [ ] no Do you have any relatives employed or serving as an elected official with the City of Tieton? [ ] yes [ ] no If yes, list the position and relationship: Have you previously applied for employment or been previously employed with the City of Tieton? [ ] yes If yes, list the position you held or the position you applied for: Are you a citizen of the United States of America? [] yes Referred by? Work References – Please list below three (3) people (former employers or supervisors) who can responsibly evaluate your work performance. WORK RELATIONSHIP TO YOU NAME **PHONE 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 anytime. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish the City of Tieton my record, reason for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and the City of Tieton from all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application. Signature of Applicant Date PLEASE ATTACH YOUR RESUME AND ANY OTHER SUPPORTING DOCUMENTS TO THIS APPLICATION. ------DO NOT WRITE BELOW THIS LINE------Arrange Interview: [ ] yes [ ] no Date of Interview: \_\_\_ Date of final interview (if a 2<sup>nd</sup> interview is scheduled): Employed: [ ] yes [ ] no Date Employment Begins: Job Title Hourly Rate/Salary Salary Increase at Anniversary Date? [ ] yes [ ] no Rate of Increase? Interviewed by: (2) (3) Hired by: Date \_\_\_\_\_ Mayor's Signature

**GENERAL QUESTIONS**