

121 So Main Street
Warden, WA
98857
(509) 349-2326

CITY OF WARDEN

EMPLOYMENT APPLICATION

DO NOT SUBMIT A PHOTOGRAPH OF YOURSELF

The City of Warden is an Equal Employment Opportunity (EEO) employer and does not discriminate in any employer/employee relations based on race, color, sex, sexual orientation, national origin, age, marital status, genetic information, veteran's status, or any other basis protected by applicable discrimination laws.

READ APPLICATION CAREFULLY. ALL QUESTIONS MUST BE COMPLETED IN INK AND IN HANDWRITING OF THE APPLICANT. IMPORTANT: APPLICATIONS MUST BE SIGNED IN ALL DESIGNATED PLACES. FAILURE TO COMPLY WITH THESE INSTRUCTIONS MAY CAUSE APPLICATION TO BE REJECTED. THE CITY WILL MAKE REASONABLE ACCOMMODATIONS IN THE APPLICATION PROCESS FOR APPLICANTS WITH DISABILITIES.

Date _____

For what position are you applying: _____

PERSONAL HISTORY

Name _____
Last First Initial

Address _____
No. Street City State Zip

Telephone _____ Driver's License No. _____

Email _____

U.S. Citizen; or do you have a visa permitting you to work in the U.S. Yes _____ No _____

Are you available to work: Full time _____ Seasonal _____

Date you are available for work: _____

If employed and you are under 18, can you furnish a work permit? Yes _____ No _____
(Police Officer Applicant must be 21 or over)

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any relatives now employed by the City of Warden by name and relationship:

Veteran of the U.S. Military Services: Yes _____ No _____
If yes, branch: _____

Are there other experiences, skills, or qualifications which you feel would especially fit you for work with the City of Warden: _____

WORK HISTORY

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. **Complete the following sections even if you are submitting a resume** in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here _____.

Employer's Name _____ From _____ To _____

Address _____ Supervisor _____

Phone _____ Hours Worked _____

Position _____

Number Of Employees Supervised By You _____

Reason For Leaving _____

Primary Duties _____

Employer's Name _____ From _____ To _____

Address _____ Supervisor _____

Phone _____ Hours Worked Per Work _____

Position _____

Number Of Employees Supervised By You _____

Reason For Leaving _____

Primary Duties _____

If there is additional work history from the past ten (10) years, please provide additional sheet.

RECORD OF EDUCATION

School	Name & Address	Course of study	Last Year Completed				Did you Graduate?		Diploma Or Degree
			1	2	3	4	Yes	No	
High	_____	_____	1	2	3	4	Yes	No	_____
College	_____	_____	1	2	3	4	Yes	No	_____
Other	_____	_____	1	2	3	4	Yes	No	_____

ACKNOWLEDGMENT OF EMPLOYMENT AT-WILL DOCTRINE

I UNDERSTAND THAT IF HIRED I WILL SERVE AT THE PLEASURE OF THE CITY OF WARDEN AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, OR FOR ANY REASON (CONSISTENT WITH EXISTING PERSONNEL POLICIES AND PROCEDURES, INCLUDING DUE PROCESS REQUIREMENT), WITHOUT RECOURSE.

Applicant's Signature

THE FACTS SET FORTH IN THIS APPLICATION FOR EXAMINATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF QUALIFIED FOR EXAMINATION, OR EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL. I HAVE READ THE POSITION OPEN ANNOUNCEMENT AND I CAN PERFORM THE ESSENTIAL FUNCTION OF THE POSITION FOR WHICH I AM APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION.

Applicant's Signature

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 WARDEN IS AUTHORIZED TO COMPLETE A THOROUGH BACKGROUND CHECK.

Applicant's Signature

I certify(or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant's Signature

Date and Place

NOTE: IN ACCORDANCE WITH FEDERAL LAW, IF HIRED YOU WILL BE REQUIRED TO FURNISH DOCUMENTARY PROOF OF WORK AUTHORIZATION AND IDENTITY WITHIN 24 HOURS OF EMPLOYMENT. ATTESTATION FORMS WILL BE PROVIDED BY THE CITY AND DESIGNATED DOCUMENTS WILL BE IDENTIFIED PRIOR TO HIRING.

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DRIVING RECORD
(To be completed with application)

Name: _____
PLEASE PRINT Last First MI

List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.

State	Month/Year	Type of Infraction

Infractions or citations will not necessarily remove you from consideration. The City of Warden will; however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City Of Warden Driving Standards:

Applicants for position in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

- Violations
More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.
- Accidents
More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that he/she is a finalist. I certify that the information given by me to the City of Warden is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in discipline up to and including immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Warden interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Warden, in consideration of the review of my employment application, do authorize the City of Warden to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all prior employers or references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Warden from any liability for further references it may provide regarding my work history at the City of Warden.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Warden's property, the City of Warden is authorized to deduct from my wages sufficient reasonable funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Date _____

Name (please print) _____

Signature _____