

Revision Date: 04/01/2014

Application for Employment

Human Resources Division 21 West First Avenue Toppenish WA 98948 (509) 865-2080 www.cityoftoppenish.us

You must submit a separate Application for each position. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required. DO NOT submit a photograph of yourself.

The City of Toppenish is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

How did you learn about this opening? Newspaper Employment Agency Friend/Relative City website Walk-In Other

Complete all information from this point forward. An incomplete Application may disqualify you from further consideration.

Date: (MM/DD/YYYY) Applicant: Write the Position Title of the Job you are applying for below

Name Last First Middle Physical Address City State Zip Mailing Address City State Zip

Home/Cell Phone Message Work Email

Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? Are you over the age of 18? If not, give date of birth:

Do you have, or can you obtain, a valid Washington State Driver's License? Do you wish to claim Veteran's Preference? (Civil Service positions only)

TRAINING AND EDUCATION

Highest Grade Completed: 8 9 10 11 12 GED

Table with 4 columns: Colleges/Other Training, Subject/Major, Degree/Certificate, Date Completed

EQUIPMENT, OFFICE, LANGUAGE AND COMPUTER SKILLS

Describe computer and other equipment operation skills. Include programs used, typing speed & other information relevant to the position for which you are applying.

List any foreign languages that you speak and/or comprehend:

Check the appropriate skill level: Speak/Comprehend: Fluent Good Fair Read/Write: Fluent Good Fair

CRIMINAL CONVICTION

The City of Toppenish is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.

If Yes, Please Explain

PROFESSIONAL REFERENCES (Do Not List Relatives)

Name/Title Employer Phone Name/Title Employer Phone Name/Title Employer Phone

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation.

Signature Date

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 _____
	<small>Mo/Year</small>	<small>Mo/Year</small>
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number Of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

Employer's Name _____	From _____	To _____
	<small>Mo/Year</small>	<small>Mo/Year</small>
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number Of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
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Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number Of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

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 they are a finalist.

I certify that the information given by me to the City of Toppenish 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 immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with City of Toppenish 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 Toppenish, in consideration of the review of my employment application, do authorize the City of Toppenish to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all 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 Toppenish from any liability for future references it may provide regarding my work history at the City of Toppenish.

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

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

Date _____

Print Name _____

Signature _____

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 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 Driving Standards:

Applicants for positions in which the occupant 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."

THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT SEPARATELY

Name: _____
Please Print Last First MI

Today's Date: _____

Are you a former or current City of Toppenish Employee?

Yes No If Yes, please tell us:

When you worked _____

Department _____

Position Title _____

Supervisor _____

Having a relative employed by the City will not necessarily bar you from employment.

Do you have any relatives employed by the City? Yes No

If yes, Please list their name/s and relationship/s _____

We would appreciate completion of the Affirmative Action information below. This is entirely voluntary. The City of Toppenish is committed to non-discrimination in employment practices. This information will be kept confidential and will be used for Affirmative Action record keeping purposes only.

Sex Female Male

Caucasian African American Hispanic Asian

Ethnic Category (Check one) Pacific Islander Alaskan Indian Native American Other

APPLICATION ASSEMBLY and HIRING PROCESS:

Print Application. Assemble application materials in this order: 1: City of Toppenish Application Front Page, 2: Work History, 3: Supplemental Information (*if required*), 4: Authorization To Release Employment Records, 5: Driving Record. 6: The following optional items may follow in this order: cover letter, resume, reference list, etc., 7: Please make this sheet the **LAST PAGE as it will be removed. Staple everything together in the top left corner.**

Those applicants who submit a complete and timely application and are invited to participate in the testing and/or interview stages of the selection process will be notified by phone, email, or mail. Those who are not will be notified by mail. Incomplete or late applications will not receive notification. Application screening is scheduled to begin on the first business day following the closing date and may take 5-10 business days.

Thank you for considering us as your prospective employer.