PM 15

Revision Date: 03/05/2019

City of Toppenish
Application for Employment

Human Resource Use Only
Date Received:

Human Resources Division 21 W 1st Ave 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 conforms to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

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

Phone _____ **Message** _____ **Work** _____ Email _____

Are you authorized 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**

Are you over the age of 18? ☐ **Yes** ☐ **No**

If you are applying for a position where you will be expected to drive on duty, do you have, or can you obtain, a valid Washington State Driver's License? ☐ **Yes** ☐ **No**

Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? (Civil Service positions only) ☐ **Yes** ☐ **No**

TRAINING AND EDUCATION

Highest Grade Completed: ☐ **8** ☐ **9** ☐ **10** ☐ **11** ☐ **12** ☐ **GED**

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 automatically disqualify you for employment.** Applicants will be asked to disclose information about their criminal history in the last ten years.

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. 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 Toppenish 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. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification/or dismissal. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Toppenish official is intended to create an employment contract between the City of Toppenish and me.

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** (Mo/Year) _____ **To** (Mo/Year) _____

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Number of Employees Supervised by You** _____

Reason for Leaving _____

Primary Duties _____

Employer's Name _____ **From** (Mo/Year) _____ **To** (Mo/Year) _____

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Number of Employees Supervised by You** _____

Reason for Leaving _____

Primary Duties _____

Employer's Name _____ **From** (Mo/Year) _____ **To** (Mo/Year) _____

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Number of Employees Supervised by You** _____

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Employer's Name _____ **From** (Mo/Year) _____ **To** (Mo/Year) _____

Address _____ **Supervisor** _____

Phone _____ **Hours Worked Per Week** _____

Position _____ **Number of Employees Supervised by You** _____

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 _____

CITY OF Toppenish
Human Resources Division
21 W 1st Ave Toppenish WA 98948
www.cityoftoppenish.us

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

Ethnic Category (Check one) ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ 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.