

**CITY OF WAPATO
205 EAST THIRD STREET
WAPATO, WASHINGTON 98951
509.877.2334
ajarez@wapato-city.org**

EMPLOYMENT APPLICATION

READ AND COMPLETE APPLICATION CAREFULLY

ALL questions must be answered by typing or printing in ink. Do not answer any questions by stating "See Resume". Return the completed application to the City Clerk's Office at City Hall. The application must be received by the closing time and date stated in the job announcement. The application must be signed and dated. If required, attach resume to the back of application.

The City of Wapato is an Equal Opportunity Employer and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or handicaps unless based a bona fide occupation qualification. If you believe you have been discriminated against, you should notify the Mayor immediately.

Position applying for: _____ Date: _____

I. PERSONAL HISTORY:

Name: _____
(LAST) (FIRST) (MIDDLE)

Present Address: _____
(NUMBER) (STREET)

(CITY) (STATE) (ZIP)

Telephone: _____ Cell Phone: _____

Email Address: _____

Do you meet the minimum age requirements of the job? _____

Social Security No: _____ Driver License No: _____

List any relatives employed by the City and their position: _____

List any criminal and traffic convictions in the past seven years. If you are applying for a driving position, list traffic offenses also. *(This information may not necessarily bar you from employment in non-police positions.)*

(CONVICTION) (DATE)

(CONVICTION) (DATE)

(CONVICTION) (DATE)

(Attach additional page if more room is needed.)

Professional or work related references. *(Do not list relatives.)*

(NAME)	(ADDRESS)	(PHONE #)
(NAME)	(ADDRESS)	(PHONE #)
(NAME)	(ADDRESS)	(PHONE #)

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements (Shift work, weekends, or evenings)?

No Yes Comments _____

II. MEDICAL AND PHYSICAL HISTORY:

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?

Yes No Comments _____

III. RECORD OF EDUCATION:

SCHOOLS:

High School _____
(NAME) (CITY/STATE)

Last Year Completed: ___ Did You Graduate? Y N Diploma/GED: _____

College _____
(NAME) (CITY/STATE)

Did you graduate? _____ Type of Degree: __ In: _____

Other (Specify) _____

Did you Graduate? _____ Type of Degree/Course of Study: _____

What experiences, skills, training, qualifications or certifications do you feel would especially fit you for the work for which you are applying?

IV. RECORD OF EMPLOYMENT:

List all present and past employment (Current employer first) for the past ten (10) years. Use additional paper if necessary.

Employer _____

Address _____ Phone # _____

Job Title _____ Supervisor _____

Employed From: _____ To _____ Salary: Beginning _____ End _____

Describe Duties _____

Reason for leaving _____

May we contact this employer? _____ If no, why? _____

Employer _____

Address _____ Phone # _____

Job Title _____ Supervisor _____

Employed From: _____ To _____ Salary: Beginning _____ End _____

Describe Duties _____

Reason for leaving _____

May we contact this employer? _____ If no, why? _____

Employer _____

Address _____ Phone # _____

Job Title _____ Supervisor _____

Employed From: _____ To _____ Salary: Beginning _____ End _____

Describe Duties _____

Reason for leaving _____

May we contact this employer? _____ If no, why? _____

V. MILITARY SERVICE:

Have you been in the U.S. Armed Forces? _____ If yes, what branch? _____

Dates if service: From _____ To _____

List duties, include special training: _____

Are you presently a member of a Reserve or National Guard Unit? _____

VI. SPECIAL SKILLS/INTERESTS:

Equipment/Machines operated: _____

Civic activities or volunteer work: _____

Other: _____

VII. PLEASE READ THE FOLLOWING STATEMENT, THEN SIGN AND DATE YOUR APPLICATION. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND THE FOLLOWING STATEMENT:

The facts set forth in my application for employment are true and complete. I am legally able to accept employment in the United States. I understand that employment is contingent upon review of an abstract of my driving record that I qualify as a driver for the City (Driver Positions Only).

I authorize the City of Wapato to investigate all statements in this application and to secure any and all necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City of Wapato from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and by suitability for employment with the City. You are hereby authorized to make any job related investigation of my personal history including credit references through any investigative agencies of your choice. For this purpose, please list any names by which you have been known as: _____

I understand that I have the right to provide additional information in the case of derogatory information as well as requesting a copy of my consumer credit report from the agency that provided it to the City of Wapato.

Any offer of employment made by the City to prospective full-time and regular part-time employees will be contingent upon satisfactory completion of the employee testing exams. A drug screening will be part of the physical exam. Anyone refusing the drug screening or testing positive for illicit or misused drugs will not be hired. Failure to sign consent for drug screening will be treated the same as an incomplete application and the applicant will be removed from further employment consideration. A polygraph and psychological examination will be required for some positions. Any testing required will be paid for by the City of Wapato. Passing the employment testing does not guarantee employment with the City of Wapato.

I understand that false statements on this application shall be considered sufficient cause for dismissal. I understand that nothing in this employment application, the City's policy statement or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City of Wapato and me. I also understand that the City of Wapato has the right to modify its policies without giving me any advance notice of the changes. I understand that employment can be terminated with or without cause and with or without notice, at any time, at the option of either the City of Wapato or the employee.

(APPLICANT'S SIGNATURE)

(DATE)