

Application for Employment

Please Print



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name		Social Security #	
Last	First	Middle	- -
Address			
Street	City	State	Zip Code
Telephone ()	Mobile/Beeper/Other Phone ()	E-mail address	
Position(s) applied for			
Referral Source (Please check the appropriate category and name the source.)			
<input type="checkbox"/>	Walk-in:	<input type="checkbox"/>	School:
<input type="checkbox"/>	Employee:	<input type="checkbox"/>	Job Fair:
<input type="checkbox"/>	Advertisement:	<input type="checkbox"/>	Staffing Agency:
<input type="checkbox"/>	City of Grandview Website:	<input type="checkbox"/>	Government Employment Agency:
<input type="checkbox"/>	Other Internet:	<input type="checkbox"/>	Other:
If necessary, best time to call you at home is _____ : _____ am pm		Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no , please explain	
If yes , work number and best time to call: _____ : _____ am pm		Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?	
If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		<small>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.</small>	
If no , please explain		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond	
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number required if driving may be required in the job for which you are applying:	
If yes , give date(s) and position(s)		Number: _____ State: _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , give date(s) From ____ / ____ / ____ To ____ / ____ / ____		<small>Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</small>	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you pled "guilty" or "no contest" to or been convicted of a crime within the last ten (10) years?	
Date available for work ____ / ____ / ____		If yes, please provide date(s) and details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your desired salary range or hourly rate of pay? \$ _____ Per _____			
Type of employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Educational Co-Op	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary	
Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			

AN EQUAL OPPORTUNITY EMPLOYER

Return Completed Application to: City of Grandview, 207 West Second Street, Grandview, WA 98930

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Month	Year	Month	Year				
Street address		Dates employed: / to /							
Starting job title/final job title		Compensation (Starting)							
Immediate supervisor and title (for most recent position held)		<table border="1"> <tr><td>Hourly</td><td></td></tr> <tr><td>Salary</td><td>\$ per</td></tr> </table>				Hourly		Salary	\$ per
Hourly									
Salary	\$ per								
Why did you leave?		Compensation (Final)							
Summarize the type of work performed and job responsibilities:		<table border="1"> <tr><td>Hourly</td><td></td></tr> <tr><td>Salary</td><td>\$ per</td></tr> </table>				Hourly		Salary	\$ per
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Salary	\$ per								
What did you like the most about your position?		Commission/Bonus/Other Compensation \$							
What were the things you liked least about the position?									

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What were the things you liked least about the position?									

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?
If **yes**, please explain

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience)			
Word Processing:	Years:	Internet:	Years:
Spreadsheet:	Years:	Other:	Years:
Presentation:	Years:	Other:	Years:
E-mail:	Years:	Other:	Years:

Educational Background

(Starting with your most recent school attended, provide the following information:

School (include City & State)	Years Completed	Completed		GPA Class Rank	Major/Minor
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Related Information (continued)

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Grandview is true, complete and correct.

I expressly authorize, without reservation, the City of Grandview, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigrations laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date: / /