

Application For Employment

City of Kalama
P.O. Box 1007
Kalama, WA 98625

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other:

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number (s)					
Email Address					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Special Skills

Check Skills/Equipment Operated

How many words per minute can you type?		Production/Mobile Machinery (list):	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> MS Word		
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Excel		
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> MS Publisher		
<input type="checkbox"/> MS Outlook	<input type="checkbox"/> MS FrontPage		
<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Fax		

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

1.	(Name)	(Phone #)
	(Address)	
2.	(Name)	(Phone #)
	(Address)	
3.	(Name)	(Phone #)
	(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	
Date:	

Notes:

Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate piece of paper.

<p>List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.</p>

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signature below I authorize the following:

- Authorization to check references
- Authorization to conduct a background investigation including criminal conviction record
- Authorization to check credit scores (for positions that handle money)
- Authorization to conduct a Motor Vehicle Record check
- Authorization to verify job-required licenses/certifications

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

Notes
