



CITY OF CLE ELUM

Application for Employment

119 West First Street
Cle Elum, WA 98926
Telephone: (509) 674-2262
Fax: (509) 674-4097

NOTE: If you require any special accommodation in filling out this application, please call (509) 674-2262

PLEASE PRINT CLEARLY OR TYPE

Position Applied for: _____ Date of Application: _____

How did you learn of this position? [] Advertisement [] Friend [] Relative
[] Walk-in [] Other []

Name: _____ Last _____ First _____ Middle Initial _____

Address: _____ City _____ State _____ Zip _____

Permanent Address: _____ City _____ State _____ Zip _____

Telephone: _____

Are you 18 years or older? ___ Yes ___ No

Have you ever been employed by us before? ___ Yes ___ No If yes, give dates: _____

Relatives Employed by the City: _____
(Having a relative employed by the City will not necessarily bar you from employment)

Relationship: _____ Department: _____

Have you been convicted of a felony in the last 10 years? ___ Yes ___ No

If yes, please explain:

THE CITY OF CLE ELUM IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION. IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST, YOU SHOULD NOTIFY THE CITY'S PERSONNEL OFFICER IMMEDIATELY.

EMPLOYMENT EXPERIENCE

Resumes may be attached but will not be accepted as a substitute for completing this section and are not used in the initial screening process. Beginning with your present or most recent employment, list all your work experience for at least the last ten years, including periods of self-employment, volunteer activities, & U.S. military service.

Attach separate sheets if necessary.

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

EMPLOYMENT EXPERIENCE CONTINUED

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Employer's Name		From:	To:
Address:		Supervisor:	
Phone:	Hours Worked Per Week:	Starting Salary:	
Position:		Last Salary:	
May We Contact this Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Employees Supervised by You:			
Reason for Leaving:			
Primary Duties:			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

EDUCATION

	Name and Address of School	Course of Study	# Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (SPECIFY)				

ADDITIONAL INFORMATION

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

List professional, trade, business or activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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

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

Do you possess a current Driver's License?

YES NO

YES NO CLASS _____

Indicate any languages you speak, read and/or write below:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Driving Record

(TO BE COMPLETED WITH APPLICATION)

Name: _____
 (PLEASE TYPE OR PRINT) (Last, First, Middle Initial)

Social Security Number _____ Driver's License # _____ Birthdate: _____

List any notices of infraction or traffic citations which you have received in the past 5 years.

State	Month/Year	Type of Infraction

If more space is needed, please attach additional sheets of paper.

Infractions or citations will not necessarily remove you from consideration, but the City of Ellensburg will consider your driving record and insurability 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: _____

AT THE TIME OF AN INTERVIEW, all applicants **will be required** to submit a copy of their driving record. Driving records may be obtained at any Washington State Department of Licensing branch office for a fee of \$5.00 (other states may have different procedures.) This fee is at the applicant'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.

Applicants may be disqualified under the following circumstances:

Violations More than two moving 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."

WAIVER AND RELEASE OF DRIVING RECORD

I, the undersigned applicant for employment with the City of Ellensburg, Washington,
hereby

authorize the release of both my individual and my employee driving record, as defined by RCW 46.52.120 and 46.52.130 by the Department of Licensing, to the City of Ellensburg, Washington. I have been informed that portions of this record are my confidential property and may not be obtained without my express consent and request. If I am hired by the City this release shall continue to be valid throughout the tenure of my employment with the City. A photocopy may be accepted in lieu of the original.

Name (please print)

Signature

Date

AFFIRMATIVE ACTION DATA

It is the policy of the City of Cle Elum to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age marital status, sexual orientation or the presence of any sensory, mental, or physical disability. To help us comply with government record keeping, reporting and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary and will be kept in a confidential file separate from the application form and will not be used to evaluate your qualifications for employment.

Position Applied for: _____

ETHNIC CATEGORY (CHOOSE ONLY ONE)

- White (not of Hispanic origin)-those having origins in any of the original peoples of Europe, North Africa or the Middle East

- Black (not of Hispanic origin)-those having origins in any of the Black racial groups of Africa

- Hispanic-those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race

- Asian or Pacific Islanders-those having origins in any of the original peoples of the Far East, Southeast, Asia, Indian Subcontinent or the Pacific Islands

- American Indian or Alaskan Native-those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

Male

Female

Social Security Number: _____

Date of Birth: _____

Are you a U.S. Citizen? Yes No If no, please indicate citizenry _____

Are you a veteran of the U.S. military service? Yes No

Are there any limitations that will restrict your ability to perform the essential functions of this position?

Yes No If yes, please explain

What reasonable accommodations, if any, would be necessary for you to perform the essential functions of this position?