



# CITY OF MONTESANO

## APPLICATION FOR EMPLOYMENT

112 North Main Street Montesano, WA. 98563

(360) 249-3021

FAX: (360) 249-3690

**EQUAL OPPORTUNITY:** The City of Montesano, Washington is an equal opportunity employer. We hire, train, and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation, or handicap. The City of Montesano affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an items blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of resumes, documents, or certificates which support your application. All materials submitted become the property of the City of Montesano and will not be returned. Nothing can be added to you application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. My initials at the end of this sentence affirm that I have read and understand these instructions. \_\_\_\_\_(Initials)

### PERSONAL INFORMATION

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN
MAILING ADDRESS			
RESIDENCE ADDRESS (IF DIFFERENT THAN ABOVE)			
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	ALTERNATE PHONE NUMBER(S)	
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOU RIGHT TO WORK.			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MONTESANO?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MONTESANO? IF YES, COMPLETE THE FOLLOWING.			<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF MONTESANO.			
<u>NAMES</u>		<u>JOB TITLE/DEPARTMENT</u>	



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**DRIVER'S LICENSE:** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Montesano, and if your driver's license is from another State, you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION	CLASSIFICATION
DO YOU AUTHORIZE THE CITY OF MONTESANO TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF LICENSING.			<input type="checkbox"/> YES <input type="checkbox"/> NO

### EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING?
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING? _____
DO YOU WISH TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER
IF PART TIME, SPECIFY DAYS AND HOURS PER WEEK. <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY ____ HOURS PER WEEK
WHAT IS YOUR MINIMUM SALARY REQUIREMENTS?                      \$ ____ PER PICK
DATE AVAILABLE TO START EMPLOYMENT? _____
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE CITY OF MONTESANO?
<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE, SPECIFY COMMENTS:

**EDUCATION:** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?	
MAJOR / MINOR DEGREE, FIELD OR PROGRAM OF STUDY?	
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED?	

### MILITARY SERVICE

DATES OF MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION	
ENTERED INTO		DISCHARGED				
MONTH	YEAR	MONTH	YEAR	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR VETERANS AFFAIRS DISABILITY LETTER AND CLAIM NUMBER.  VETERAN'S POINTS CLAIMED (CHECK ONE) <input type="checkbox"/> 5 POINTS <input type="checkbox"/> 10 POINTS		
-		-				
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY:						
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:						

### EMPLOYMENT HISTORY



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MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?  YES  NO

LIST YOUR PREVIOUS 10 YEARS OF EMPLOYMENT HISTORY, IN THE ORDER OF YOUR MOST CURRENT TO YOUR LEAST CURRENT

MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	ADDRESS:
-		PRESENT		TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

SECOND MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	ADDRESS:
-		-		TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

THIRD MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		
MONTH	YEAR	MONTH	YEAR	ADDRESS:
-		-		TELEPHONE NUMBER:
TOTAL YEARS		YEARS MONTHS		YOUR JOB TITLE:
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:



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REASON FOR LEAVING POSITION:
SPECIFIC DUTIES PERFORMED: _____
NUMBER OF EMPLOYEES SUPERVISED: _____

FOURTH MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		ADDRESS:
MONTH	YEAR	MONTH	YEAR	
-		-		TELEPHONE NUMBER:
TOTAL YEARS		YEARS		YOUR JOB TITLE:
		MONTHS		
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

FIFTH MOST RECENT EMPLOYER				EMPLOYER:
FROM		TO		ADDRESS:
MONTH	YEAR	MONTH	YEAR	
-		-		TELEPHONE NUMBER:
TOTAL YEARS		YEARS		YOUR JOB TITLE:
		MONTHS		
HOURS PER WEEK:				SUPERVISOR'S NAME AND TITLE:
REASON FOR LEAVING POSITION:				
SPECIFIC DUTIES PERFORMED: _____				
NUMBER OF EMPLOYEES SUPERVISED: _____				

**SPECIAL SKILLS – OFFICE**

DO YOU TAKE SHORTHAND?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CAN YOU USE A TRANSCRIBE DICTATION MACHINE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYPING SPEED: _____ WORDS PER MINUTE		
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____		



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WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? \_\_\_\_\_

- A. LEVEL OF SKILL: \_\_\_\_\_
- B. YEARS OF OPERATING EXPERIENCE: \_\_\_\_\_
- C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? \_\_\_\_\_
- D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

### SPECIAL SKILLS – FIELD OPERATIONS

LIST LIGHT AND/OR HEAVY EQUIPMENT ARE YOU QUALIFIED TO OPERATE: \_\_\_\_\_

- A. LEVEL OF SKILL: \_\_\_\_\_
  - B. YEARS OF OPERATING EXPERIENCE: \_\_\_\_\_
- OTHER SKILLS: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMODATION)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WITHIN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOR POLICE APPLICANTS ONLY: HAVE YOU <b>EVER</b> BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PROFESSIONAL REFERENCES:** LIST THREE (3) PROFESSIONAL OR BUSINESS REFERENCES WHO ARE NOT YOUR RELATIVES OF EMPLOYEES OF THE CITY OF MONTESANO. STATE THE NATURE OF YOUR BUSINESS RELATIONSHIP (I.E., CO-WORKER, SUPERVISOR, OR ASSOCIATE).

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**PERSONAL REFERENCES:** LIST THREE PERSONAL REFERENCES WHO ARE NOT YOUR RELATIVES OR EMPLOYEES OF THE CITY OF MONTESANO. STATE THE NATURE OF YOUR RELATIONSHIP (I.E., FRIEND, LANDLORD, ETC.).



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NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

**IMPORTANT:** READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, AS FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

**NOTICE TO PERSONS WITH DISABILITIES:** TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED TO THE CITY OF MONTESANO AT THE ADDRESS SHOWN ON PAGE ONE (1) OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCESS:** YOU WILL BE NOTIFIED WITHIN FOUR (4) WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF MONTESANO.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE CITY OF MONTESANO TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUNDS FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF MONTESANO ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF MONTESANO TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW. AT THE DISCRETION OF EITHER THE CITY OF MONTESANO OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMIST OF CONTINUED EMPLOYMENT.



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I AGREE TO COMPLY WITH THE CITY OF MONTESANO RULES, REGULATIONS, AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS, AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY, OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BBY VIRTUE OF THAT PERSON, CORPORATION, COMPANY, OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY, OR INTERESTS OF THE CITY OF MONTESANO, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_