



# City of Asotin

[www.cityofasotin.org](http://www.cityofasotin.org)

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## APPLICATION FOR EMPLOYMENT

If you require accommodation to participate in the application or examination process, please inform the City Clerk/Treasurer by the closing date of the job announcement.

**PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_  
Apt # City State Zip

Mailing Address \_\_\_\_\_  
Apt # City State Zip

Phone Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Message

Position Desired \_\_\_\_\_

I learned of this job opening through \_\_\_\_\_

Type of work you will accept (check appropriate boxes) **Full Time** Yes \_\_\_ No \_\_\_ **Part-Time** Yes \_\_\_ No \_\_\_  
**Temporary** Yes \_\_\_ No \_\_\_ **Seasonal** Yes \_\_\_ No \_\_\_ **Shift Work** Yes \_\_\_ No \_\_\_  
**Weekend Work** Yes \_\_\_ No \_\_\_

### PERSONAL REFERENCES (Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

## GENERAL INFORMATION

Have you ever been employed by the City? Yes \_\_\_\_\_ No \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have relatives employed by the City? Yes \_\_\_\_\_ No \_\_\_\_\_

There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest. If yes, indicate (name/department) \_\_\_\_\_

Have you been convicted of a crime or released from prison within the last 7 years: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (a conviction record will not necessarily be a bar from employment)

Do you possess a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number \_\_\_\_\_

State of issue \_\_\_\_\_ Commercial Driver's license number \_\_\_\_\_

List any other licenses and certificates you currently hold \_\_\_\_\_

Proof of U.S. citizenship or legal right to work in the U.S. will be required after employment.

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year				List Diploma or
			1	2	3	4	
<b>High</b>							
<b>College</b>							
<b>Other (Specify)</b>							

## EMPLOYMENT HISTORY

List below all the jobs you have held in the past 10 years beginning with your present or last employer. Account for unemployment periods. Attach supplementary pages if necessary.

Name and Address of Previous Employer	From	To	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Describe the work you did:					
Telephone						

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Telephone						

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	Describe the work you did:					
Telephone						



## VETERAN'S PREFERENCE

Under Washington State Law, Veteran's preference may be claimed if you received a discharge under honorable conditions or received a discharge for physical reasons with an honorable record **and**: (1) served in any branch of the armed forces of the United States between World War I and World War II or during any period of war: or (2) served in any branch of the armed forces of the United States and received the armed forces expeditionary medal, or Marine Corps and Navy expeditionary medal, for opposed action on foreign soil. Veteran's preference must be claimed within 8 years of release from active duty.

**(Military reserve time does not qualify.)**

**Do you claim veteran's preference?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, dates of service:

Date of entry \_\_\_\_\_ Date of release \_\_\_\_\_ Date of retirement \_\_\_\_\_

Did you receive the Armed forces, Marine Corps and Navy expeditionary medal or Southwest Asia Service Medal for opposed action of foreign soil? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where did you serve? \_\_\_\_\_

Have you ever used veteran's preference to obtain employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which job(s) \_\_\_\_\_

**Proof of military service or release from active duty papers (Form DD214) must be submitted with this application.**

**AGREEMENT, CERTIFICATION, AND AUTHORIZATION**

I certify that all statements made in this application are true, complete, and correct to the best of knowledge and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employers to provide to the City of Asotin representatives any information regarding my current or former employment. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written above are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic rating or records to the City of Asotin's representatives.

I am willing to have a pre-employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

Name (Print): \_\_\_\_\_

## **RECEIPT OF CITY OF ASOTIN POLICY, PROCEDURE AND PERSONNEL POLICIES**

All employees should read the following; then sign, date and return the form to the Human Resource Department. The form will be placed in the employee's personnel file.

Enclosed are the City of Asotin's policies, procedures and personnel policies. It is your responsibility to read these policies, as they will acquaint you with your employee benefits, our personnel practices and rules, and some organizational philosophy.

It is important to understand that these policies do not create an employment contract or a guarantee of employment of any specific duration between the City and its employees. These policies are general guidelines and do not constitute promises of specific treatment. Although we hope that your employment relationship with us will be long term, we recognize that at times things do not always work out as hoped, and either of us may decide to terminate the employment relationship.

As the City grows and changes, policy, procedures and personnel policies may change. The City, therefore, reserves the right to revise, supplement, clarify or rescind any policy or portion of a policy when deemed appropriate by the Mayor. You will be notified of any such changes.

I hereby consent to deduction from my final paycheck of any amounts advanced to me that remain unearned when my employment with the City ends, including unearned personal holidays.

If you have any questions about these policies or any other policies of the City, please feel free to ask your supervisor, department head or Mayor.

I have read and understand the statement above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Date

**(Return one signed copy of this form to the City Clerk/Treasurer)**