



City of Royal City

EMPLOYMENT APPLICATION

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

PRINT OR TYPE

APPLICANTS NAME (Last)	(First)	(M.I.)	Social Security #
MAILING ADDRESS (Number and Street)			DAYTIME TELEPHONE
(City)	(State)	(ZIP)	MESSAGE TELEPHONE
POSITION FOR WHICH YOU ARE APPLYING <input type="checkbox"/> Administrative <input type="checkbox"/> Public Works <input type="checkbox"/> Police <input type="checkbox"/> Other: _____			Personnel Use Only

GENERAL

1.	Are you currently employed by the City of Royal City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are you available to work nights and weekends if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever been convicted by any court of a felony in the last ten years? (A "Yes" answer will not automatically bar you from further consideration – provide details, including crime and date, in line #8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been convicted by any court of a misdemeanor in the last five years? (A "Yes" answer will not automatically bar you from further consideration – provide details, including crime and date, in line #8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you ever been dismissed or fired from a position for any reason? (A "Yes" answer will not automatically bar you from further consideration – provide details in line #8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever resigned from or quit a position while under investigation or after being informed that discipline would be taken against you, or during an appeal of a disciplinary action? (A "Yes" answer will not automatically bar you from further consideration – provide details in line #8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Are you currently eligible for employment in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	EXPLANATIONS (Please feel free to attach additional pages if necessary):		
9.	Do you possess a valid Driver's license? (If "Yes", fill in the information below) License #: _____ State issued by: _____ Describe any applicable endorsements or restrictions: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do you have any relatives who work for the City of Royal City? (If "Yes", provide the name(s) below.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

1.	Check the highest grade completed: <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				
2.	If you did not complete high school, do you have a high school equivalency diploma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Check the number of years of post-secondary education <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7				
	Name and location of institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate obtained
a.					
b.					
c.					
d.					
e.					
4.	List below valid licenses or certificates of professional or vocational competence relevant to this application				
	License/Certificate	License/Certificate Number	Expiration Date		
a.					
b.					
c.					
d.					

EMPLOYMENT HISTORY – Starting with the most recent, describe ALL paid, military, and applicable volunteer service.

From	To	Job Title		
Hours per Week	Supervisor	Name of Company/Organization		
Salary Earned \$	per	Address		Phone
Duties				
Reason for Leaving				

From	To	Job Title		
Hours per Week	Supervisor	Name of Company/Organization		
Salary Earned \$	per	Address		Phone
Duties				
Reason for Leaving				

From	To	Job Title	
Hours per Week	Supervisor	Name of Company/Organization	
Salary Earned \$	per	Address	Phone
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Supervisor	Name of Company/Organization	
Salary Earned \$	per	Address	Phone
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Supervisor	Name of Company/Organization	
Salary Earned \$	per	Address	Phone
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Supervisor	Name of Company/Organization	
Salary Earned \$	per	Address	Phone
Duties			
Reason for Leaving			

REFERENCES – Please list three professional references who know about your qualifications			
Name	Address	Daytime Phone	Relationship
1.			
2.			
3.			
4. May we contact your current employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No

FOREIGN LANGUAGE - Indicate languages you speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

NOTICES

PRE-EMPLOYMENT DRUG & ALCOHOL TESTING

If job applied for by applicant requires Commercial Driver's License (CDL), the applicant agrees to "Pre-Employment Drug & Alcohol Test" before confirmation of employment. Applicant also consents to the City of Royal City investigating applicant's records with employers from the past 5 years for drug & alcohol abuse.

Signature of Applicant

Date

VOLUNTARY RELEASE OF BACKGROUND INFORMATION

The undersigned hereby consents to a background investigation conducted by the City of Royal City to include criminal history, driving record, current and past employers and personnel files. The undersigned specifically waives any right to inquire as to the contents of, or obtain copies of, the material secured as result of such background investigation.

Signature of Applicant

Date

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. 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. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Received by: _____

Date received: _____

Copy forwarded to Department Head Yes No

Position applied for is open Yes No

Position(s) considered for: _____

MAIL or DELIVER completed application to:

City of Royal City
445 Camelia ST NE
POB 1239
Royal City, WA 99357