100 S. Third Street
McCleary, WA 98557
360-495-3667

City of McCleary

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY

"In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)795-3272 (voice), or (202)720-6382 (TDD)."

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item 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, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City of McCleary and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

ADDRESS (NO.,STREET, APT.)	CITY	COUNTY	STATE	ZIP

TELEPHONE NUMBER	ALTERNATIVE NO. WHERE YOU MAY BE CONTACTED	SOCIAL SECURITY

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ Yes ☐ No
(21 YRS OF AGE FOR POLICE APPLICANTS?)

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ Yes ☐ No

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF McCLEARY? ☐ Yes ☐ No

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MCCLEARY? ☐ Yes ☐ No

JOB TITLE/DEPARTMENT_____

DATES EMPLOYED: FROM_____ TO_____

CURRENT VALID DRIVER'S LICENSE STATE

NUMBER_____

EXPIRATION DATE _____

CLASSIFICATION_____

DO YOU AUTHORIZE THE CITY OF McCLEARY TO INVESTIGATE YOUR DRIVING RECORD?

☐ Yes ☐ No

IF YES, AN ABSTRACT DRIVING RECORD FROM THE DEPT. OF LICENSING MAY BE REQUIRED

LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF McCLEARY

NAME _____ JOB TITLE/DEPARTMENT _____

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: ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ SUMMER

(SPECIFY DAYS & HRS PER WEEK) _____

WHAT IS YOUR MINIMUM SALARY REQUIREMENT? $_____ PER_____ DATE AVAILABLE FOR WORK:_____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT EFFECT YOUR EMPLOYMENT WITH US?

☐ YES ☐ NO _____

SPECIFY COMMITMENT(S)

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL DIPLOMA ☐ YES ☐ NO IF YES, DATE RECEIVED _____

EQUIVALENCY - GED ☐ YES ☐ NO IF YES, DATE RECEIVED _____

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

NAME CITY STATE

COLLEGES AND UNIVERSITIES ATTENDED

Name and Location	Dates Attended From MO.	Dates Attended To YR.	Grade Point Average	Major/Minor Degree Field or Program of Study	Degree Received

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC) BELOW

Name and Location	Dates Attended From MO.	Dates Attended To YR.	Total Months Completed	Courses or Subjects Taken	Certificates or other Pertinent INFO.

List all jobs held in the last ten years. Start with your present or most recent position and work back.

May we contact your present employer regarding your record of employment? ☐ Yes ☐ No

(Job 1) Present or Most Recent Job				Employer
FROM	TO	TOTAL TIME		Address
Mo/yr.	Mo/yr.	Yrs.	Mos.	Telephone Number
				Your Job Title
HOURS PER WEEK				Supervisor's Name & Title
STARTING SALARY	$	Per		Reason for Leaving
LAST SALARY	$	Per		

SPECIFIC DUTIES:

Number of employees supervised (if applicable)

(Job 2) Previous Job				Employer
FROM	TO	TOTAL TIME		Address
Mo/yr.	Mo/yr.	Yrs.	Mos.	Telephone Number
				Your Job Title
HOURS PER WEEK				Supervisor's Name & Title
STARTING SALARY	$	Per		Reason for Leaving
LAST SALARY	$	Per		

SPECIFIC DUTIES:

Number of employees supervised (if applicable)

(Job 3) Previous Job				Employer
FROM	TO	TOTAL TIME		Address
Mo/yr.	Mo/yr.	Yrs.	Mos.	Telephone Number
				Your Job Title
HOURS PER WEEK				Supervisor's Name & Title
STARTING SALARY	$	Per		Reason for Leaving
LAST SALARY	$	Per		

SPECIFIC DUTIES:

Number of employees supervised (if applicable)

SPECIAL SKILLS - OFFICE

Computer Skills: ☐ None ☐ Beginner ☐ Capable ☐ Advanced

Programs you are proficient with:

☐ Windows ☐ Word ☐ Excel ☐ Power Point
☐ Publisher ☐ Visio ☐ Acrobat

☐ Other: _____

Generally describe your computer skills: _____

Business machines (other than computers) you can operate: _____

Other Skills: _____

SPECIAL SKILLS - FIELD

List light and/or heavy equipment you are qualified to operate: _____

Level of Skill: _____

Years of Operating Experience: _____

Other Skills: _____

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO			
MO.	YR.	MO.	YR.	CLAIMING VETERAN PREFERENCE OR DISABLED, ATTACH A COPY OF YOUR DD-214 AND/OR YOUR DISABILITY LETTER	POINTS CLAIMED 5 10 (CIRCLE ONE)

LIST ANY SPECIALIZED TRAINING IN THE MILITARY

OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION? ☐ Yes ☐ No

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST? ☐ Yes ☐ No

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE JOB YOU HAVE APPLIED FOR? ☐ Yes ☐ No

WITHIN THE LAST 10 YEARS, HAVE YOU EVER BEEN CONVICTED OF OR PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFICVIOLATIONS) A "YES" REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU. ☐ Yes ☐ No

LIST NAME, ADDRESS, AND PHONE NUMBER OF THREE REFERENCES WHO ARE NOT YOUR RELATIVES NOR EMPLOYEES OF THE CITY OF McCLEARY.

_____

_____

_____

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK 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 ON OFFICIAL APPLICATION FORMS TO THE CITY OF McCLEARY AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED. INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED WITHIN FOUR 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 IF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

SIGNATURE_____ DATE_____