

CITY OF MOXEE

APPLICATION FOR EMPLOYMENT

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT IN THE CITY. ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED. THE CITY, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP. THE CITY OF MOXEE IS AN EQUAL OPPORTUNITY EMPLOYER.

PERSONAL INFORMATION

LAST NAME FIRST MIDDLE

ADDRESS

CITY STATE ZIP CODE

HOME PHONE WORK PHONE SOCIAL SECURITY NO.

Have you applied here before? Yes _____ No _____
If yes, when and for what position. _____

Have you worked here before? Yes _____ No _____
If yes, When _____

Are you authorized to work in the United States? Yes _____ No _____

Special Accommodation:

EMPLOYMENT DESIRED

Please indicate the position desired or the type of work for which you are applying. _____

Salary Desired _____ Date Available _____

Are you willing to work Full Time _____ Part-Time _____

Days _____ Nights _____ Weekends _____

EMERGENCY INFORMATION

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

EDUCATIONAL HISTORY

SCHOOLS LOCATION COURSE/SUBJECT GRAD/DEGREE

High School/
Equivalent

Tech/Trade
School

College

Other Education/
Training

MILITARY RECORD

Have you ever served in the Military Service of the United States?

Yes _____ No _____

Branch of Service

From/to

Rank

Kind of Training and Duty while in the Service

Present Military Affiliation

None _____ Active Reserve _____ Inactive Reserve _____

SKILLS

List any Special Skills you may have

List any equipment, machines and/or computers you can operate: _____

Typing _____ Words per minute _____ Word Processing _____

Equipment Used: _____

EMPLOYMENT RECORD

List all full time, part time, temporary, and self employment. Begin with current or most recent employer. If more space is needed, please continue on a separate sheet of paper. If you attach a resume, please complete this section as well.

Company Name	Type of Business	Title	Phone #
Address		Description of Duties	
_____		_____	
Employed From _____	To _____		
Salary or Earnings _____	Contributions Made to Company _____		
Start _____	_____		
Finish _____	_____		
Reason for leaving _____			

Company Name	Type of Business	Title	Phone #
Address		Description of Duties	
_____		_____	
Employed From _____	To _____		
Salary or Earnings _____	Contributions Made to Company _____		
Start _____	_____		
Finish _____	_____		
Reason for Leaving _____			

Company Name	Type of Business	Title	Phone #
Address		Description of Duties	
_____		_____	
Employed From _____	To _____		
Salary or Earnings _____	Contributions Made to Company _____		
Start _____	_____		
Finish _____	_____		
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Company Name	Type of Business	Title	Phone #
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Company Name	Type of Business	Title	Phone #
Address		Description of Duties	
_____		_____	
_____		_____	
Employed From _____	To _____		
Salary or Earnings	Contributions Made to Company		
Start _____	_____		
Finish _____	_____		
Reason for Leaving _____			

Do you hold a valid Washington State Drivers License? Yes ___ No ___

Have you ever been bonded? Yes ___ No ___ Could you be? _____

REFERENCES

Give the names and addresses of three reliable persons, other than relatives and past employers, who know you well enough to give information about you.

	NAME	ADDRESS	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TERMS OF EMPLOYMENT

Are you at present bound by a non-competition or non disclosure agreement or any other comparable agreement or understanding in favor of any prior employer? Yes _____ No _____

If your answer is yes, please attach complete copy of such agreement.

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize my previous employers to furnish the City of Moxee my records, reason for leaving, and all information they may have concerning me, and I hereby release them and the City of Moxee from all liability for any damage whatsoever arising therefrom. I authorize the investigation of all statements in this application.

Date Signature

May we contact your present employer? Yes_____ No_____

If any of your employment or educational records are under other than the above name, please list other names.

FOR OFFICE USE ONLY:

POSITION_____ **DEPARTMENT**_____

DATE EMPLOYED_____ **EMPLOYEE STATUS**_____

SALARY_____

RECOMMENDED BY:_____ **DATE**_____