



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. THOSE APPLICANTS REQUIRING ACCOMODATION TO COMPLETE THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD CONTACT THE CITY CLERK.

PERSONAL INFORMATION:

LAST NAME

FIRST

MIDDLE

Please list any other names you have been known by? _____

ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS

PHONE

EMAIL

Have you applied here before? Yes _____ No _____

If yes, when and for what position? _____

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

Do you hold a valid Washington State Driver's License? Yes _____ No _____

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

EMPLOYMENT DESIRED:

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

Availability (check all that apply):

Full Time _____ Part-Time _____ Days _____ Nights _____ Weekends _____

EDUCATION HISTORY:

Type:	Name:	Location:	Course/Subject:	Grad/Degree:
High School / Equivalent				
Tech/Trade School				
College				
Other Education / Training				
Other Education / Training				

EMPLOYMENT HISTORY:

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

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Phone #
Dates Employed (Month/Year)		Reason for Leaving
Job Title and Duties		

Name of Employer	Supervisor	
Street Address		Phone #
Dates Employed (Month/Year)		Reason for Leaving
Job Title and Duties		

Name of Employer		Supervisor	
Street Address		Phone #	
Dates Employed (Month/Year)		Reason for Leaving	
Job Title and Duties			

Name of Employer		Supervisor	
Street Address		Phone #	
Dates Employed (Month/Year)		Reason for Leaving	
Job Title and Duties			

Have you ever been involuntarily terminated or asked to resign from any job? Yes_____ No_____

If yes, please explain

Please explain any gaps in your employment history

MILITARY RECORD:

Service Record	
Branch of Military Service	Duty Dates (To/From)
Type of Training	
Present Membership in National Guard or Reserves	Date obligation ends

SKILLS:

List any Special Skills, additional languages, or other qualifications you believe should be considered in evaluating your qualifications for employment:

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

PROFESSIONAL REFERENCES

List three professional references. Professional references should not include relatives.

	NAME	PHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TERMS OF EMPLOYMENT

Are you presently bound by a non-competition or nondisclosure 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.



AUTHORIZE:

All answers and statements are true and complete to the best of my knowledge. I understand that the City of Moxee may verify information, and that untruthful or misleading answers are cause for rejection of this application or dismissal if employed.

I authorize my previous employers to furnish the City of Moxee my records, reason for leaving, and all information they may have concerning me. 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.

Signature: _____

Printed Name: _____

Date: _____

FOR OFFICE USE ONLY:

POSITION _____ **DEPARTMENT** _____

DATE EMPLOYED _____ **EMPLOYEE STATUS** _____

SALARY _____

RECOMMENDED BY: _____ **DATE** _____