

APPLICATION FOR EMPLOYMENT

The City of Buckley is an Equal Opportunity Employer



POSITION APPLIED FOR: _____
(AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU)

City of Buckley
 PO Box 1960
 Buckley, WA 98321
 360-829-1921, ext. 204 fax: 360-829-2659
 www.cityofbuckley.com

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

TELEPHONE: HOME: (____) _____ WORK: (____) _____

DATE AVAILABLE FOR WORK: _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU A CURRENT/FORMER EMPLOYEE OF BUCKLEY? _____ POSITION/DEPT: _____ DATES: _____

DRIVER'S LICENSE # (if applicable): _____ STATE: _____ EXPIRATION DATE: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____ PHONE: (____) _____

TYPE OF WORK DESIRED: FULL TIME _____ PART TIME _____ TEMPORARY _____ SUMMER _____ JOB SHARE _____

OTHER: _____

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	DATES ENROLLED	MAJOR COURSE	DEGREE MAJOR
HIGH SCHOOL OR G.E.D				
BUSINESS OR TECHNICAL				
UNDERGRADUATE STUDIES				
OTHER COURSES AND TRAINING				

SPECIAL SKILLS, PROFESSIONAL LICENSES, and/or CERTIFICATIONS: _____

GIVE THE NUMBER OF YEARS EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING (IF APPROPRIATE TO THE JOB APPLIED FOR):

10 KEY _____ DATA ENTRY _____ TYPING SPEED _____ CUSTOMER SERVICE _____

SPREADSHEET SOFTWARE _____ WORD-PROCESSING SOFTWARE _____

OTHER SOFTWARE _____
(PLEASE SPECIFY) (PLEASE SPECIFY)

Can you perform the essentials of the job you are applying for as listed on the position description with or without reasonable accommodation?
 Yes ___ No ___

WORK HISTORY:

Beginning with your present or most recent employment, list your work experience. Be sure to include any non-paid experience that is related to the job for which you are applying.

EMPLOYER'S NAME: _____	FROM: _____	TO: _____
ADDRESS: _____	SUPERVISOR: _____	
PHONE: (____) _____	HOURS WORKED PER WEEK: _____	STARTING SALARY: _____
POSITION: _____	LAST SALARY: _____	
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____	MAY WE CONTACT THIS EMPLOYER? _____	
REASON FOR LEAVING: _____		
PRIMARY DUTIES: _____		

EMPLOYER'S NAME: _____	FROM: _____	TO: _____
ADDRESS: _____	SUPERVISOR: _____	
PHONE: (____) _____	HOURS WORKED PER WEEK: _____	STARTING SALARY: _____
POSITION: _____	LAST SALARY: _____	
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____	MAY WE CONTACT THIS EMPLOYER? _____	
REASON FOR LEAVING: _____		
PRIMARY DUTIES: _____		

EMPLOYER'S NAME: _____	FROM: _____	TO: _____
ADDRESS: _____	SUPERVISOR: _____	
PHONE: (____) _____	HOURS WORKED PER WEEK: _____	STARTING SALARY: _____
POSITION: _____	LAST SALARY: _____	
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____	MAY WE CONTACT THIS EMPLOYER? _____	
REASON FOR LEAVING: _____		
PRIMARY DUTIES: _____		

EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: (_____) _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: (_____) _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

EMPLOYER'S NAME: _____ FROM: _____ TO: _____
ADDRESS: _____ SUPERVISOR: _____
PHONE: (_____) _____ HOURS WORKED PER WEEK: _____ STARTING SALARY: _____
POSITION: _____ LAST SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? _____
REASON FOR LEAVING: _____
PRIMARY DUTIES: _____

HOW DID YOU LEARN OF POSITION OPENING? Referral Agency _____
(Name)

Newspaper _____ Magazine/Journal _____ Job Posting _____
(name) (Name) (Name)

Other _____
(Please Specify)

REFERENCES: (Not employers or relatives)

Three Personal or Business References:
1.
2.
3.

Two Past or Current Co-workers References:
1.
2.

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 consideration, or, if employed, for dismissal at any time.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

_____ (Signature of Applicant) _____ (Date)

Print Name: _____

EQUAL OPPORTUNITY

The City of Buckley is an equal opportunity employer, and employment opportunities will NOT be limited because of race, color, religion, sex or nationality or disability. The City of Buckley affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The City of Buckley abides by the principles of the Age Discrimination in Employment Act (ADEA) and Americans With Disability Act (ADA) and does not unlawfully discriminate on the basis of age or disability.

DRUG POLICY

It is the policy of the City of Buckley to maintain a drug free workplace. Employees who are observed in possession of or using controlled substance (drugs) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your Employee Assistance Program (EAP).

The City of Buckley is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job.

A CONVICTION RECORD WILL NOT DISQUALIFY YOU FROM EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

Have you ever been convicted of a felony or released from prison within the last (10) ten years, or have been convicted of a misdemeanor other than minor traffic offenses within the last three (3) years? YES NO

If yes, please explain:

APPLICANT'S AGREEMENT, CERTIFICATION, & AUTHORIZATION
Please read carefully before signing

I understand that any offer of employment made to me is conditioned upon the results of a medical examination, which may be required by the City of Buckley.

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

I authorize the City of Buckley to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City.

In the event of my employment with the City of Buckley, I will comply with all rules, regulations, and policies set forth in the City's policy manual or the communications distributed by the City.

I understand that in order for City employees to respond in the event of any emergency, telephone numbers and addresses of employees are made available within the City organization.

Signature of Applicant: _____ Date: _____

Print Name: _____