

APPLICATION FOR EMPLOYMENT

The City of Buckley is an Equal Opportunity Employer



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

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

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 _____ DICTAPHONE _____ 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: _____
POSITION: _____
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: _____
POSITION: _____
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: _____
POSITION: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? _____
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PRIMARY DUTIES: _____

EMPLOYER'S NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: () _____ HOURS WORKED PER WEEK: _____

POSITION: _____

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: _____

POSITION: _____

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: _____

POSITION: _____

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).

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: _____