



# Application for Employment

City of Soap Lake  
PO Box 1270  
Soap Lake, WA 98851

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT or CIRCLE YOUR ANSWERS

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) . Message # ( ) . E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ If you are under 18, Can you provide a work Permit if required? **Y N**

Have you been employed here before? **Y N** If "YES", What were the dates \_\_\_\_\_

Are you legally eligible for employment in the U.S. ? **Y N** Date available to begin employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op Reserve

Are you able to meet the attendance requirements for the position? **Y N** Do you possess a valid Driver's license? **Y N**

Driver's License No. (If driving is an essential job function) \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a crime in the last 7 years? **Y N** If "YES", Explain: \_\_\_\_\_  
CONVICTION(S) WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH APPLIED.

## Employment History

Provide the following information for your past four (4) employers, assignments, or volunteer activities. Start with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR		NATURE OF RESPONSIBILITIES	
REASON FOR LEAVING		SALARY	
		START \$	PER FINAL \$

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR		NATURE OF RESPONSIBILITIES	
REASON FOR LEAVING		SALARY	
		START \$	PER FINAL \$

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR		NATURE OF RESPONSIBILITIES	
REASON FOR LEAVING		SALARY	
		START \$ _____	PER _____ FINAL \$ _____

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
SUPERVISOR		NATURE OF RESPONSIBILITIES	
REASON FOR LEAVING		SALARY	
		START \$ _____	PER _____ FINAL \$ _____

### Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you to perform job-related functions in the position for which you are applying. \_\_\_\_\_

### Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

### References

NAME	TELEPHONE	YEARS KNOWN

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELANON OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM EMPLOYMENT UPON DISCOVERY.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND IT'S REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR A PERIOD OF 60 DAYS AND IT SHALL BE UNDERSTOOD THAT IT IS THE APPLICANT'S RESPONSIBILITY TO RE-APPLY AT THE CONCLUSION OF THAT TIME PERIOD FOR FURTHER CONSIDERATION.

IF HIRED, THE APPLICANT UNDERSTANDS THAT THEY ARE FREE TO RESIGN AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE AND THE EMPLOYER RESERVES THE SAME PRIVILEGE TO TERMINATE THE APPLICANT WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTIFICATION EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINATE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

THE APPLICANT UNDERSTANDS THAT IT IS NOT THE EMPLOYER'S POLICY TO REFUSE EMPLOYMENT TO A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT INDIVIDUAL'S NEED FOR A REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

THE APPLICANT UNDERSTANDS THAT PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATIONS AS REQUIRED BY LAW MUST BE PROVIDED AT TIME OF EMPLOYMENT.

*I represent and warrant that I have read and fully understand the foregoing and seek employment under said conditions.*

Signature : \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME : \_\_\_\_\_ FIRST NAME : \_\_\_\_\_ DATE : \_\_\_\_\_

## **CONFIDENTIAL APPLICANT LOG**

The City of Soap Lake is required by federal law to gather and maintain statistical data on all applicants for employment. The City will use all questions appearing on this form for statistical purposes only. **Your response is strictly voluntary.** This form is to be separated from the application form and will not become a part of the pre-employment process and, if employed, it will not appear in your personal file.

It is the policy of the City of Soap Lake to provide equal opportunity to all applicants for employment. Further, it is the City's policy not to discriminate in the recruitment, hiring, compensation, promotion, transfer, training, benefits, down grading, termination, lay-off, recall, education, tuition assistance, social and recreational programs of any person based upon race, religion, color, national origin, age, sex, marital status, creed, veteran status, sensory, mental or physical handicap unless based upon a bona fide occupational qualification.

**The following information is used for voluntary or affirmative action efforts. We invite you to furnish the information on a voluntary basis. Your refusal to provide information WILL NOT subject you to any adverse treatment. This information will be kept confidential.**

Today's Date		Name (Print or Type same as on Social Security Card)			Date of Birth		GENDER				
Month	Day	Year	Last	First	Middle	Month	Day	Year	Male	Female	
<b>ETHNIC BACKGROUND</b>											
<input type="checkbox"/> White (not of Hispanic origin): Persons having origins in any of the original people of Europe, North Africa, or the Middle East			<b>Eligibility to Work</b> If hired, you will be asked to provide documentation to show that you are eligible to work in the United States								
<input type="checkbox"/> Black (not of Hispanic origin): All persons having origins in any of the black racial groups of Africa			<b>Check box if you need special disability related accommodations for testing and interviews. Please describe needs:</b>								
<input type="checkbox"/> Asian or Pacific Islander: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example: China, Japan, Korea, the Philippine Islands, and Samoa.			Newspaper <input type="checkbox"/> Washington State Employment Agency <input type="checkbox"/> Other (Specify below) Trade Publication <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Current City Employee <input type="checkbox"/> Walk In <input type="checkbox"/>								
<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition			<b>This application is in response to which of the following:</b>								
<input type="checkbox"/> Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.			<b>OFFICE USE ONLY</b>								
			<b>VETERAN STATUS</b>								
			Are you a veteran?								
			YES NO								
			<b>What era?</b>								
			Disabled veteran?								
			YES NO								