

City of George Employment Application

The City of George considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

READ APPLICATION CAREFULLY. ALL QUESTIONS MUST BE COMPLETED IN INK AND IN THE HANDWRITING OF THE APPLICANT. **IMPORTANT:** APPLICATIONS MUST BE SIGNED IN ALL DESIGNATED PLACES. FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL CAUSE APPLICATION TO BE REJECTED.

(Please Print)

Date of Application _____

Position(s) Applied For: _____

Referral Source ____ Advertisement ____ Friend ____ Walk-in ____ Employment Agency ____ Other

Name _____
Last First M.I. email address

Address _____
Address City State Zip

Telephone _____ Message Phone/Cell Phone _____

Do you have current Washington State Drivers License? _____ Yes _____ No

Do you have current Washington State Commercial Drivers License (CDL)? _____ Yes _____ No
If Yes what is the Class type? _____

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If Yes, give date _____

Have you ever been employed here before? _____ Yes _____ No If Yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? _____ Yes _____ No

(Proof of citizenship or immigration status will be required upon employment?)

Date available to work? _____ Are you available to work _____ Full Time _____ Part-Time
_____ Shift Work _____ Temporary?

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Are you on a lay-off and subject to recall? _____ Yes _____ No.

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ No _____ Yes
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

Veteran of the U.S. Military service? _____ Yes _____ No If yes, what branch? _____

Indicate languages you speak, read, and/or write:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

List relatives now employed by the City of George:

Name: _____ Relationship: _____

Some positions with the City of George involve the ability to perform physical tasks, lifting, carrying, walking, driving vehicle and acting under stress. Do you have any restrictions or liabilities, or are you under the care of a physician for any reason that would prevent you from being able to perform any of the above listed items: If so, please describe:

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EMPLOYMENT EXPERIENCE

Start with your present or last job, include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

Employer ()	Telephone	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate Starting Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment of other experience:

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed/ Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree	/			
Describe Course of Study				
Specialized Training				

Honors received: _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

(State any additional information you feel may be helpful to us in considering your application)

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

VOLUNTARY RELEASE OF BACKGROUND INFORMATION

The undersigned hereby consents to a background investigation conducted by the City of George to include criminal history, driving record, current and past employers and personnel files. The undersigned specifically waives any right to inquire as to the contents of, or obtain copies of, the material secured as a result of such background investigation.

Signature of Applicant

Date

PRE-EMPLOYMENT DRUG & ALCOHOL TESTING

If job applied for by applicant requires Commercial Driver's License (CDL), the applicant agrees to a "Pre-Employment Drug & Alcohol Test" before confirmation of employment. Applicant also consents to the City of George investigating applicant's records with employers from the past 5 years for drug & alcohol abuse.

Signature of Applicant

Date