

City of Clarkston Application for Employment

829 5th Street • Clarkston, WA 99403

Phone: 509-758-5541

Email: rfrost@clarkston-wa.com

DO NOT submit a photograph of yourself.

The City of Clarkston is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

Complete all information from this point forward. An incomplete Application may disqualify you from further consideration.

Applicant: Write the Position Title of the Job you are applying for here.

Name _____ (Last) _____ (First) _____ (Middle)

Address _____ City _____ State _____ Zip _____

Cell (____) _____ E-mail _____

Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? Yes No

(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

Are you over the age of 18? Yes No

Do you have, or can you obtain, a valid Driver's License? Yes No

Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? Yes No

TRAINING AND EDUCATION

Highest Grade Completed: 8 9 10 11 12 GED

Colleges/Other Training	Subject/Major	Degree/Certificate	Date Completed

EQUIPMENT, OFFICE AND COMPUTER SKILLS

Describe computer and other equipment operation skills. Include programs used, typing speed & other information relevant to the position for which you are applying. _____

CRIMINAL CONVICTION

The City of Clarkston is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. **A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.** Applicants may be asked to disclose certain information about their criminal history.

PROFESSIONAL REFERENCES (Do Not List Relatives)

Name/Title _____ Employer _____ Phone (____) _____

Name/Title _____ Employer _____ Phone (____) _____

Name/Title _____ Employer _____ Phone (____) _____

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Clarkston is authorized to complete a thorough background check pursuant to the Child/Adult Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification and/or dismissal. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Clarkston official is intended to create an employment contract between the City of Clarkston and me.

Signature _____ Date _____

WORK HISTORY

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you.

If you have been known by a different name by any of these employers, please identify the employer and state the name here:

Employer's Name _____ Mo/Year _____ Mo/Year _____
Address _____ From _____ To _____
Phone _____ Supervisor _____
Position _____ Hours worked per week _____
Number of employees supervised by you _____
Reason for leaving _____
Primary duties _____

Employer's Name _____ Mo/Year _____ Mo/Year _____
Address _____ From _____ To _____
Phone _____ Supervisor _____
Position _____ Hours worked per week _____
Number of employees supervised by you _____
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Position _____ Hours worked per week _____
Number of employees supervised by you _____
Reason for leaving _____
Primary duties _____

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that he/she is a finalist. I certify that the information given by me to the City of Clarkston is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in discipline up to and including immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Clarkston's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Clarkston, in consideration of the review of my employment application, do authorize the City of Clarkston to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all prior employers or references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Clarkston from any liability for future references it may provide regarding my work history at the City of Clarkston.

It is my intention that any copy of this authorization be as effective as the original.

Date _____

Name (Please Print) _____

Signature _____

DRIVING RECORD
(To be completed with application)

Name: (Please Print) _____
Last First Middle

List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.

State	Month/Year	Type of Infraction/Citation

Infractions or citations will not necessarily remove you from consideration.
The City of Clarkston will consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources.
Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City of Clarkston Driving Standards:

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

- **Violations**
More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.
- **Accidents**
More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT SEPARATELY

Name: (Please Print) _____
Last First Middle

Are you a former or current City of Clarkston Employee?

Yes No If Yes, please tell us:

Dates Employed _____
Department _____
Position Title _____
Supervisor _____

Having a relative employed by the City of Clarkston will not necessarily bar you from employment.

Do you have any relatives employed by the City of Clarkston? Yes No

If yes, please list their name/s and relationship/s _____

**We would appreciate completion of the information below. This is entirely voluntary.
The City of Clarkston is committed to non-discrimination in employment practices.
This information will be kept confidential and will be used for EEO record keeping purposes only.**

Ethnic Category (Check one) Caucasian African American Hispanic or Latino Asian
 Native Hawaiian or Other Pacific Islander Alaskan Indian
 Native American Two or More Races Other _____

Please tell us how you learned of this opening by circling the number of the source

- | | |
|---------------------------|---|
| 1. Local Media _____ | 6. School/College |
| 2. City (Website/Walk in) | 7. Friend/Relative |
| 3. Internet (general) | 8. City of Clarkston Employee |
| 4. AWC Job Net | 9. Professional Publication/Internet Site |
| 5. Municipal Office | 10. Other |

