

City of Vader

317 8th Street
P.O. Box 189
Vader, WA 98593-0189
(360) 295-3222 *phone*
(360) 295-3012 *fax*
vadercity@centurylink.net *e-mail*



APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT

DATE: _____

Name: _____
Last First Middle Maiden

Address: _____
Number Street City State Zip

How long: _____ Social Security No.: _____ - _____ - _____

Telephone: () _____

Position applied for: _____

How Did You Learn	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
About Us?:	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

If you are under 18 years of age, can you provide required proof of eligibility to work? No Yes

Are you available to work:

Full-time No Yes

Part-time No Yes

Are you currently on "lay-off" status and subject to recall? No Yes

Can you travel if the job requires it? No Yes

Do you speak, read and/or write any foreign languages? No Yes

If yes, give details _____

List any professional, trade, business or civic activities and offices held.

Have you ever had any job-related training in the United States military?

If yes, please describe _____ No Yes

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Bus. or Trade School	_____	_____	_____	_____
Professional School	_____	_____	_____	_____
Other Related Training	_____	_____	_____	_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Driver's license number	_____	State of issue	_____	Expiration date	_____
Have you had any accidents during the past three years?	_____	How many?	_____		
Have you had any moving violations during the past three years?	_____	How Many?	_____		

Please list two references other than relatives or previous employers.					
Name:	_____	Name:	_____		
Position:	_____	Position:	_____		
Company:	_____	Company:	_____		
Address:	_____	Address:	_____		
_____		_____			
Telephone: ()		Telephone: ()			

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	Name of last supervisor _____	Employment dates From	Pay or salary Start
		To	Final
		Your last job title: _____	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	Name of last supervisor _____	Employment dates From	Pay or salary Start
		To	Final
		Your last job title: _____	

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title: _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: _____ Address: _____ City, State, Zip: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title: _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the City of Vader, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City of Vader practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City of Vader, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor of the City of Vader. Both the undersigned and the City of Vader may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City of Vader may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City of Vader permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City of Vader from any liability as a result of such contract.

Signature of applicant _____ Date: _____

The City of Vader is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the City of Vader depends solely on your qualifications.