



EMPLOYMENT APPLICATION

CITY OF CHELAN

135 East Johnson Avenue • PO Box 1669 • Chelan, Washington 98816 • (509) 682-4037

APPLICATION WILL BE PROCESSED ONLY WHEN THE CITY OF CHELAN HAS ANNOUNCED A RECRUITMENT AND THE CLOSING DATE HAS NOT PASSED. THE CITY OF CHELAN WILL NOT PROCESS UNSOLICITED APPLICATIONS FOR EMPLOYMENT NOR WILL IT RETAIN APPLICATIONS FOR FUTURE CONSIDERATION.

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age or the presence of a sensory, physical or mental disability. The City of Chelan will provide reasonable accommodation to disabled applicants if requested. Please notify the Mayor's Office at least two days prior to the need.

OFFICE USE ONLY

POSITION APPLIED FOR: _____

Name:

Social Security #:

Last,

First

Middle

In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. SSN will be used for identification purposes to ensure that proper records are obtained.

Current Mailing Address: _____ Email Address _____

Physical Address: _____

Telephone Number (Home) _____ Cell Phone: _____

Specify days and hours you are available to work: _____

Date Available to Start Work: _____ Desired Salary: _____

How were you referred to the City of Chelan? _____

Are you prevented from lawfully working in the United States by visa or immigration status? Yes No

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

Have you applied for work with the City of Chelan before? Yes No

If Yes, specify the date(s): _____

Have you ever been employed by the City of Chelan? Yes No

If Yes, specify the date(s): _____

Give the names and relationships of any relatives employed by the City of Chelan: _____

Do you possess a valid Washington State Driver's license? Yes No

Can you perform all the functions of the position for which you are applying with or without reasonable accommodation? Yes No

Have you been convicted of a criminal offense or been released from prison within the past 10 years? Yes No

If Yes, please explain the nature of the offense, date, court, and description: _____

Note: The City of Chelan will investigate only criminal convictions that relate to fitness to perform the job for which you are applying and such will not necessarily bar you from employment with the City of Chelan.

Are you at least 18 years of age? Yes No

Special Skills: _____

Certification/Licenses: _____

EMPLOYMENT HISTORY

U.S. MILITARY RECORD

Have you served in the U.S. Armed Forces? Yes No

If Yes, please give the dates of service: From: _____ To: _____

Branch: _____ Can you provide a copy of your DD-214? Yes No

Start with your current or most recent employer. Fill in completely even if including a resume. Incomplete applications may not be accepted.

1. Employer: _____
 Address: _____
 Telephone Number: _____ Dates of Employment: _____
 Job Title: _____ Supervisor: _____
 Salary: _____ Duties Performed: _____

 Reason for Leaving: _____

2. Employer: _____
 Address: _____
 Telephone Number: _____ Dates of Employment: _____
 Job Title: _____ Supervisor: _____
 Salary: _____ Duties Performed: _____

 Reason for Leaving: _____

3. Employer: _____
 Address: _____
 Telephone Number: _____ Dates of Employment: _____
 Job Title: _____ Supervisor: _____
 Salary: _____ Duties Performed: _____

 Reason for Leaving: _____

If you need additional space for employment history or education, please mark this box and continue on page 4.

EDUCATION

Name of School	Location	Did You Graduate?	Majors/Minors	Degrees Received
High School			<input type="checkbox"/> Diploma	<input type="checkbox"/> G.E.D.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Chelan 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 of Chelan 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 of Chelan.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my academic credentials and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the City of Chelan has not employed me and for immediate dismissal if the City of Chelan has employed me. I also authorize the City of Chelan to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency or other party having a legal and proper interest, and I hereby release the City of Chelan from any and all liability for its providing this information.

I understand that nothing in this employment application, in the City of Chelan policy statements or personnel guidelines or in my communications with any City of Chelan official is intended to create an employment contract between the City of Chelan and me. I also understand that the City of Chelan has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Chelan unless it is made in writing and signed by the Mayor of Chelan. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that the City of Chelan retains the right to terminate my employment at any time for any reason.

I understand that an incomplete application may delay action or disqualify me from further consideration.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date of Application

Employment Continued

- 4. Employer: _____
Address: _____
Telephone Number: _____ Dates of Employment: _____
Job Title: _____ Supervisor: _____
Salary: _____ Duties Performed: _____
Reason for Leaving: _____

- 5. Employer: _____
Address: _____
Telephone Number: _____ Dates of Employment: _____
Job Title: _____ Supervisor: _____
Salary: _____ Duties Performed: _____
Reason for Leaving: _____

- 6. Employer: _____
Address: _____
Telephone Number: _____ Dates of Employment: _____
Job Title: _____ Supervisor: _____
Salary: _____ Duties Performed: _____
Reason for Leaving: _____

Education Continued

Name of School	Location	Did You Graduate?	Majors/Minors	Degrees Received