

CITY OF YELM

106 2nd St SE
 Yelm WA 98597
 360-458-8450

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We consider applicants for all positions without regard 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.					
Position(s) Applied For:				Date of Application	
How Did You Learn About Us?					
Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s)					

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

Have you ever filed an application with us before? Yes No

If Yes, give date

Have you ever been employed with us before? Yes No

If Yes, give date

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Education

	Elementary School				High School				Undergraduate College/University				Graduate / Professional				
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree	/				/				/				/				
Describe Course of Study	/				/				/				/				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:																	
Describe any honors you have received:																	
State any additional information you feel may be helpful to us in considering your application:																	
Indicate any foreign languages you can speak, read and/or write																	
	FLUENT				GOOD				FAIR								
SPEAK																	
READ																	
WRITE																	
List professional, trade, business or civic activities and offices held: <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i>																	

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States military? Yes No
If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer-		Dates Employed: From: / / To: / /	Work Performed
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
2. Employer-		Dates Employed: From: / / To: / /	Work Performed
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
3. Employer-		Dates Employed: From: / / To: / /	Work Performed
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			
4. Employer-		Dates Employed: From: / / To: / /	Work Performed
Address			
Telephone Number(s)			
Job Title:	Supervisor:		
Reason for Leaving:			

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

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

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange Interview:	Yes	No	
Remarks:	_____		
Interviewer	_____		
	Date	_____	
Employed: Yes	No	Date of Employment:	_____
Job Title:	_____	Department:	_____ Hourly Rate / Salary
By:	_____		
	NAME AND TITLE	DATE	