



APPLICATION FOR EMPLOYMENT

City of Sunnyside

818 East Edison Avenue
Sunnyside, Washington 98944
509-837-3782
509-837-3268 (fax)

AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

If you require accommodation to participate in the application or examination process, please inform the City Clerk staff by the closing date on the job announcement.

PLEASE TYPE OR PRINT - ANSWER ALL QUESTIONS - USE INK ONLY
An incomplete application may delay action or disqualify you.

Name _____
Last First Middle

Address _____
Address/P. O. Box Apt. # City State ZIP Code

Phone _____
Home Work Message Cell Phone

SS# _____

You must notify the City of Sunnyside if you change your address.

POSITION DESIRED _____

I learned of this job opening through (check all that apply):

<input type="checkbox"/> City Employee (Name) _____	<input type="checkbox"/> Job Interest Card	<input type="checkbox"/> Job Posting (Where) _____
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Job Line	<input type="checkbox"/> Newspaper (Name) _____
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Radio	<input type="checkbox"/> Other _____

Type of work you will accept (check appropriate boxes):

Full Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Part-time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Temporary	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Seasonal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shift Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weekend Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information you provide to decide which applicants will be invited to the examination for this position. Your application may be used as part of the examination process; therefore, it should represent your best effort.

GENERAL INFORMATION

Have you ever been employed by the City of Sunnyside? Yes No Dates: From _____ to _____

Do you have relatives employed by the City? Yes No

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

If yes, indicate name and department: _____

Have you been convicted of a crime or released from prison within the last 7 years: Yes No

If yes, please explain (a conviction record will not necessarily be a bar from employment):

Do you possess a valid driver's license? Yes No If yes, number: _____

State of issue: _____ Commercial driver's license number: _____

List any other licenses and certifications you currently hold: _____

Proof of U.S. citizenship or legal right to work in the U.S. will be required upon employment.

EDUCATION AND TRAINING

Have you graduated from high school, or received a GED? Yes No If no, highest grade completed: _____

POST HIGH SCHOOL EDUCATION

	Name, City & State	Degree Earned	Specialization	From	To
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AA <input type="checkbox"/> Major _____			
Post-Graduate Work		Yes <input type="checkbox"/> No <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> Major _____			
Other					

Have you completed an apprenticeship? Yes No Which craft(s) _____

EMPLOYMENT EXPERIENCE

List below all the jobs you have held in the past 10 years, beginning with your present or last employer. Account for unemployment periods. Attach supplementary pages, (this page may be duplicated) or use white paper.

Dates of employment (month, year) from: _____ to _____ _____	Exact Title of Position
Name of employer and address _____ _____ \$ _____ \$ _____	Salary _____ earnings: Avg. hrs. per week: _____ Starting: Final:
Name of immediate supervisor: _____	
Phone Number: _____	
Kind of business or organization (manufacturing, accounting, etc.): _____	
Reason for leaving: _____	
Description of duties and accomplishments in your work: _____	

Dates of employment (month, year) from: _____ to _____ _____	Exact Title of Position
Name of employer and address _____ _____ \$ _____ \$ _____	Salary _____ earnings: Avg. hrs. per week: _____ Starting: Final:
Name of immediate supervisor: _____	
Phone Number: _____	
Kind of business or organization (manufacturing, accounting, etc.): _____	
Reason for leaving: _____	
Description of duties and accomplishments in your work: _____	

Dates of employment (month, year) from: _____ to _____ _____	Exact Title of Position
Name of employer and address _____ _____ \$ _____ \$ _____	Salary _____ earnings: Avg. hrs. per week: _____ Starting: Final:

Name of immediate supervisor: _____
Phone Number: _____
Kind of business or organization (manufacturing, accounting, etc.): _____
Reason for leaving: _____
Description of duties and accomplishments in your work: _____

VETERAN'S PREFERENCE

Under Washington state law, veteran's preference may be claimed if you received a discharge under honorable conditions, or received a discharge for physical reasons with an honorable record, and: (1) served in any branch of the armed forces of the United States between World War I and World War II, or during any period of war; or, (2) served in any branch of the armed forces of the United States and received the armed forces expeditionary medal, or Marine Corps and Navy expeditionary medal, for opposed action on foreign soil. Veteran's preference must be claimed within ten (10) years of release from active duty. **(Military reserve time does not qualify.)**

Do you claim veteran's preference? Yes No If yes, provide dates of service:

Date of entry: _____ Date of release: _____ Date of retirement: _____

Did you receive the Armed Forces, Marine Corps and Navy expeditionary medal or Southwest Asia Service Medal for opposed action on foreign soil? Yes No If yes, where did you serve?

Have you ever used veteran's preference to obtain employment? Yes No

If _____ yes, _____ which _____ job(s):

Proof of military service or release from active duty papers (Form DD214) must be submitted with this application.

Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

LAST FIRST FULL MIDDLE

STREET ADDRESS

CITY STATE ZIP CODE

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE

FULL NAME DATE

FULL NAME DATE

DOB: ____/____/____ SSN: ____-____-____

DRIVER'S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____ If yes, please provide details of all convictions and locations of all convictions. (A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, _____, its employees, any individual or agency obtaining information for _____, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Signed _____ Date _____

Witnessed _____ Date _____

Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

LAST FIRST FULL MIDDLE

STREET ADDRESS

CITY STATE ZIPCODE

Please list other names used and dates of name change in the last ten years:

FULL NAME DATE

FULL NAME DATE

FULL NAME DATE

DOB: ____/____/____ SSN: ____-____-____

DRIVER'S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____ If yes, please provide details of all convictions and locations of all convictions. (A yes answer will not necessarily disqualify you from employment.)

RESIDENCES: Please list residences in the last 10 years

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

State ____ City _____ County _____ Years: ____ to ____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, _____, its employees, any individual or agency obtaining information for _____, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Signed Date

Witnessed Date