



CITY OF UNION GAP, WA APPLICATION FOR EMPLOYMENT

The City of Union Gap considers applicants for all positions without regard to race, color, religion, sex, national origin, genetic information, sexual orientation, age, marital or veteran status, qualified individual with disability status, or any other protected status. Prior to consideration of hiring, applicants are subject to a background and criminal history check pursuant to RCW 43.43.830 - .845. All applicants are required to complete an application for employment. Please inform if, as a result of a disability, you need accommodation to complete this application. Please do not submit a photo of yourself.

PLEASE PRINT

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 Code

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_____ (Denial may disqualify an applicant from employment)

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___

Do you currently possess all licenses or certifications which are essential or necessary for the job which you are applying? Yes_____ No_____ If no, Please explain:

Have you been convicted of any crimes or released from prison, whichever is more recent, within the last seven years?

Yes_____ No_____

If Yes, please list:

(a) The crime(s)_____

(b) The conviction or release date, whichever is more recent_____

(c) The court(s) in which you were convicted_____

If you are applying for a position involving the operation of a City owned vehicle, please answer the following:

(a) List all traffic infractions or offenses you were found to have committed, or for which you paid a fine, or forfeited bail, within the last ten years. _____

(b) Do you currently have a valid driver's license? Yes_____ No_____

(c) Do you currently have a valid commercial driver's license? Yes_____ No_____

NOTE: If you have previously been convicted of a crime or traffic infraction, this fact will not necessarily bar you from employment. Although the City may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from employment. Facts regarding recency and rehabilitation will be considered.

EDUCATION

School Names and Locations:

Elementary School_____

Years completed_____

Diploma/Degree_____

High School_____

Years completed_____

Diploma/Degree_____

Describe Course of Study_____

Undergraduate College/University_____

Years completed_____

Diploma/Degree_____

Describe Course of Study_____

Graduate/Professional_____

Years completed_____

Diploma/Degree_____

Describe Course of Study_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities, job related skills and qualifications acquired from employment or other experience.

Describe any honors you have received_____

State any additional information you feel may be helpful to us in considering your application_____

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 able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? 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, disabled or other protected status.

1. Employer _____ Length of Service _____
 Address _____
 Work Performed _____
 Telephone Number(s) _____ Job Title _____
 Reason for Leaving _____

2. **Employer** _____ **Length of Service** _____
 Address _____
 Work Performed _____
 Telephone Number(s) _____ **Job Title** _____
 Reason for Leaving _____
3. **Employer** _____ **Length of Service** _____
 Address _____
 Work Performed _____
 Telephone Number(s) _____ **Job Title** _____
 Reason for Leaving _____
4. **Employer** _____ **Length of Service** _____
 Address _____
 Work Performed _____
 Telephone Number(s) _____ **Job Title** _____
 Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

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 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 authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information or omissions given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

**Return Completed Application to:
Union Gap City Hall
102 W. Ahtanum Road
P. O. Box 3008
Union Gap, WA 98903-0008**