

**WHITE SALMON City Hall**  
**PO Box 2139**  
**100 N. Main Street**  
**White Salmon, WA 98672**  
**Phone: (509) 493-1133**  
**Fax: (509) 493-1231**

**CITY OF WHITE SALMON**  
**EMPLOYMENT APPLICATION**



Job Applying For <input type="text"/>	Date of Application <input type="text"/>	
Name (Last, First, MI) <input type="text"/>	Home Phone <input type="text"/>	Work Phone <input type="text"/>
Mailing Address <input type="text"/>	Message phone, if different <input type="text"/>	Social Security Number <input type="text"/>
	Driver's License Number <input type="text"/>	
City, State, Zip Code <input type="text"/>	Date you could report for work <input type="text"/>	

**EDUCATION AND FORMAL TRAINING**

**DO YOU HAVE A HIGH SCHOOL DIPLOMA?**    Yes    No     **GED CERTIFICATE?**    Yes    No

Name and Location of School	Major	Graduated?	Degree
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="text"/> <b>Year</b> <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="text"/> <b>Year</b> <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="text"/> <b>Year</b> <input type="radio"/> No	<input type="text"/>

**ADDITIONAL TRAINING**

Please list any additional training (i.e., schools, workshops, courses, seminars, conferences, etc.) which you feel is applicable to the requirements of the position for which you are applying. Attach additional sheet(s) if necessary.

Training Event	Summary of Content
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If more space is required, attach additional sheets

### SKILLS

<input type="checkbox"/> Typing ... Speed <input type="text"/>	<input type="checkbox"/> Dictation ... Speed <input type="text"/>	<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Calculator by Touch	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Multi-line Phone	<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Cashiering	<input type="checkbox"/> Bookkeeping/Math		

**Special Consideration:** If you are selected to participate in an examination or interview and need any special accommodation in order to complete or participate in the process because of an impairment or disability, please notify a member of the Personnel Department staff.

### DISABILITY STATUS INFORMATION

**Disability Status:** A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. An accommodation may be necessary to provide a person with a disability equal employment opportunity.

Will you need accommodation due to disability in the application, testing or interview process:  Yes  No

Please provide a brief description of the accommodation requested:

Please complete the following if you requested an accommodation for the application, testing or interview process:

Position title you are applying for:  Name:

### PROFESSIONAL LICENSES AND CERTIFICATIONS

## EMPLOYMENT HISTORY

<b>[JOB 1]</b> Current or Last Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's Telephone Number	
Total Time in Current or Last Position	From (Month/Year)	To (Month/Year)	Average Number of Hours Worked per Week
Number of Employees Supervised	Gross Monthly Salary	Reason for Leaving	
Major Duties (Be Specific)			

<b>[JOB 2]</b> Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's Telephone Number	
Total Time in Position	From (Month/Year)	To (Month/Year)	Average Number of Hours Worked per Week
Number of Employees Supervised	Gross Monthly Salary	Reason for Leaving	
Major Duties (Be Specific)			

<b>JOB 3</b> Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's Telephone Number	
Total Time in Position	From (Month/Year)	To (Month/Year)	Average Number of Hours Worked per Week
Number of Employees Supervised	Gross Monthly Salary	Reason for Leaving	
Major Duties (Be Specific)			

<b>JOB 4</b> Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's Telephone Number	
Total Time in Position	From (Month/Year)	To (Month/Year)	Average Number of Hours Worked per Week
Number of Employees Supervised	Gross Monthly Salary	Reason for Leaving	
Major Duties (Be Specific)			

**PERSONAL REFERENCES  
(NOT FORMER EMPLOYERS OR RELATIVES)**

Name	Address	Phone Number

**THE CITY OF WHITE SALMON IS AN EQUAL OPPORTUNITY EMPLOYER**

**You must be able to perform the duties of the position you are applying for with or without reasonable accommodation.**

Certain positions may require pre-employment drug screening.

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by City of White Salmon at the time of hire or no later than three business days after the date of hire.

The City of White Salmon makes it a practice to contact current and previous employers. Please indicate below by Job Number which employers, if any, you do not wish us to contact:

**YOU MUST SIGN AND DATE BELOW (on page #6). APPLICATIONS THAT ARE INCOMPLETE OR NOT SIGNED WILL NOT BE ACCEPTED.**

## APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

As an applicant for a position with the City of White Salmon, I hereby authorize any employers or supervisors, educational institutions, personal references and/or other persons to release information about my work and education history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

1. Dates of employment;
2. Positions held when started and left;
3. Performance level, duties, responsibilities, strong and weak points;
4. My attendance habits (excluding workers' compensation, pregnancy and other protected absences);
5. My relationship with co-workers and supervisors;
6. My attitude toward work (cooperative? positive? Etc.);
7. Reason for leaving;
8. Eligibility for rehire;
9. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaged in hostile or violent behavior, have a criminal record or any traits that would present security or safety issues for others.
10. Any other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by the City of White Salmon and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the City of White Salmon and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to the City of White Salmon and/or its agencies or departments in conjunction with employment procedures.

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name:

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### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks:

Employed: Yes No

Employment Date:

Job Title:

Hourly Rate/Salary:

Department:

By:

Name and Title

Date

Notes: