



APPLICATION FOR EMPLOYMENT

City of Yakima
129 North 2nd Street
Yakima, Washington 98901
(509) 575-6090
24 Hour Job Line 575-6089
www.ci.yakima.wa.us

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

If you require accommodation to participate in the application or examination process, please inform the Human Resources 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

Mailing Address _____
Apt. # City State Zip Code

Phone Number _____
Home Work Message

Social Security Number _____ Birthdate _____
(mo/day/year)

Email Address (optional) _____

Disclosure of your social security number (SSN) is voluntary. Your social security number (SSN) is used to track your application and exam materials.

You must notify the Human Resources Office if you change your address and/or phone number.

POSITION DESIRED and JOB CODE # _____

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

City Employee (Name) _____ Job Posting (Where) _____ Friend or Relative _____
 Newspaper (Name) _____ Job Interest Card _____ Job Fair _____ Radio _____ Other _____

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

Full Time	Yes	No	Part-time	Yes	No	Temporary	Yes	No
Seasonal	Yes	No	Shift Work	Yes	No	Weekend Work	Yes	No

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 and therefore, should represent your best effort.

This form has been approved by the Washington State Human Rights Commission.

GENERAL INFORMATION

Have you ever been employed by the City of Yakima? 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, 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: _____

Federal law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States within three (3) days of hire.

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 and State	Degree Earned	Specialization	From	To
College or University		Yes No BA BS AA Major _____			
Post Graduate		Yes No MA MS PHD Major _____			
Other					

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

SPECIAL SKILLS AND QUALIFICATIONS

What office machines do you operate? _____

Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying: _____

List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer, or through other means: _____

List any foreign languages that you speak and/or comprehend: _____

Check the appropriate skill level:	Speak	Fluent Good Fair	Comprehend	Fluent Good Fair
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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 OR USE WHITE PAPER.

Dates of employment (month,year)		Exact Title of Position	
From	To		
Salary or earnings	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Starting \$			
Final \$			
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
Area Code and phone number (if known)			
Reason for leaving			
Description of duties and accomplishments in your work			
Dates of employment (month,year)		Exact Title of Position	
From	To		
Salary or earnings	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Starting \$			
Final \$			
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
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Salary or earnings	Avg. hrs. per week	Number and kind of employees supervised	Name of employer (firm, organization, etc.) and address (including ZIP code, if known)
Starting \$			
Final \$			
Name of immediate supervisor		Kind of business or organization (manufacturing, accounting, etc.)	
Area Code and phone number (if known)			
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 have been discharged under honorable conditions or received a discharge for physical reasons with an honorable record and meet at least one criteria in accordance to RCW 41.04.005 and 41.04.010.

** In Washington State, Veteran's Preference may only be claimed (used) one time to obtain employment.*

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

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

Are you receiving any Military Retirement payments? Yes No

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) showing type of discharge, must be submitted with this application as proof of eligibility.

REFERENCES

Give name, address and phone number of three persons, other than former employers or relatives, who have a definite knowledge of your work.

Name	Address	Phone

AGREEMENT, CERTIFICATION, AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to City of Yakima representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Yakima. I hereby release any current or former employer, its agents or employees from any and all liability resulting from the release of such information. My authorization to current or former employers to release information and my waiver of liability which are written out above are knowing, intelligent, and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to City of Yakima representatives.

I am willing and understand employment with the City of Yakima is subject to passing a pre-employment physical examination, which may include drug and alcohol screening.

I understand that as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of applicant

Date of application

Notice: All applications must be signed and dated in order to be accepted for consideration.