



Employment Application

The City of Ridgefield is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, sexual orientation, genetic information, disability or any prohibited federal, state or local law.

Instructions: Type or legibly print this application using dark ink only. Sign and date the application. An incomplete application or an application which states "SEE RESUME" may disqualify you from further consideration. **DO NOT** submit a photograph of yourself.

GENERAL INFORMATION

Position applying for:	Date:
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Last name	First name	Middle name
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Address	City	State	Zip
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Home Phone ()	Work Phone ()	Cell Phone ()	E-Mail Address
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Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old?
 YES NO

Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	DOCUMENTATION CONFIRMING AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES WILL BE REQUIRED IF AN OFFER OF EMPLOYMENT IS MADE
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Are you now, or have you ever been employed by the City of Ridgefield? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, give job title:	Department:	Dates of employment:
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Will accept employment of: (Check all that apply) Regular <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Shifts you will accept: Day <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/>	Date you can start:
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An essential function of all jobs within the City is attendance. Are you able to meet attendance requirements of the job you are applying for? YES NO

Are you currently able to perform the essential functions of the position or positions for which you are applying with or without reasonable accommodation? YES NO If needed, what accommodation is necessary:

Have you been known under a different name for any employer or school listed on this application? If so please identify the name that you were known by, and the employer or school.

Have you been convicted of a felony or released from prison within the past ten (10) years? YES NO If so, please explain:

Have you been convicted of a misdemeanor **other** than minor traffic offenses within the past three (3) years: YES NO If so, please explain:

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING

Do you possess a valid Washington State Drivers License? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you able to obtain one? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have relatives employed by the City? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide their name(s):
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EDUCATION

Did you graduate from high school or obtain a GED? YES NO If no, highest grade completed:

Name of College, University, Vocational School, etc.	Major	Years Completed	Degree Title

Indicate any other trades, skills or licenses you possess related to the position. Include licensing and state expiration.

BUSINESS REFERENCES – (Three Required)

Name	Address	Phone Number	Years Acquainted
		()	
		()	
		()	

PERSONAL REFERENCES – (Three Required)			
Name	Address	Phone Number	Years Acquainted
		()	
		()	
		()	

EMPLOYMENT HISTORY
 List your work experience, starting with the most recent. Include self-employment, military service, and volunteer work. Attach additional sheets if necessary. Be as complete as possible outlining the duties of each position. Failure to do so may affect credit you receive for experience. **A resume will not substitute for information required in this section.**

MOST RECENT POSITION Employer		Dates Employed: / to / Hours per Week Final Salary May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address		
Position		No. of employees you supervised:
Supervisor		Phone number ()
Specific duties		
Skills		
Reason for leaving		

OTHER EXPERIENCE Employer		Dates Employed: / to / Hours per Week Final Salary May we contact your prior employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address		
Position	No. of employees you supervised:	
Supervisor	Phone number ()	
Specific Duties		
Skills		
Reason for leaving		

OTHER EXPERIENCE Employer		Dates Employed: / to / Hours per Week Final Salary May we contact your prior employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address		
Position	No. of employees you supervised:	
Supervisor	Phone number ()	
Specific Duties		
Skills		
Reason for leaving		

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department at Ridgefield City Hall, 230 Pioneer St., PO Box 608, Ridgefield, WA 98642
 (360) 887-3557 E-mail: kay.kammer@ci.ridgefield.wa.us

THE CITY OF RIDGEFIELD IS AN EQUAL OPPORTUNITY EMPLOYER



AGREEMENT, CERTIFICATION, AND AUTHORIZATION

I hereby certify under the penalty of perjury in the state of Washington that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that the City of Ridgefield will conduct a background check and should the investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to release to the City of Ridgefield representatives' any and all information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a background check, including criminal and civil, a credit report, and a pre-employment drug screen if required. I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986 and the Immigration Act of 1990.

I also authorize the City to supply information about my employment record, in whole or in part in confidence to any prospective employer, government agency or any other party which have a legal and proper interest, and I hereby release the City from any and all liability for providing this information.

I understand that this application is not intended to be a contract of employment, a promise of specific treatment in situations, or a guarantee of employment for any specific duration. Employment for all positions not covered under collective bargaining agreements are "at will." This means that either party can terminate the employment relationship at any time, with or without cause or advance notice. Many city positions are governed by collective bargaining agreements, which specify conditions of employment.

Signature of applicant: _____

Date: _____

Office of the City Clerk/Human Resources
230 Pioneer Street, PO Box 608
Ridgefield, WA 98642
(360) 887-3557 phone (360) 887-0861 fax
www.ci.ridgefield.wa.us