



**This employment application is to be used for all internal, external, and seasonal/temporary job postings. It is not to be used for police officer positions. It is recommended that applicants attach a resume and cover letter to this employment application.*

**All application materials, once submitted, become the property of the City of La Center.*

**The applicant must provide proof of identity and proof of authorization to work in the United States which is required upon employment by Federal law.*

**If you require special accommodations to participate in the application or selection process, please contact our office at 360-263-2782.*

**The City of La Center will only accept completed applications. By signing this application, you are affirming that the information provided on this application is accurate and complete.*

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Wage: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City of La Center?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you had any driving violations in the last three (3) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you insurable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you possess a CDL Class B or C license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please license #	_____	
Have you been convicted of a felony in the last 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

References

Please list three professional references that has known you for five (5) years.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Please list two personal references that has known you for five (5) years.

Full Name: _____ Relationship: _____
Phone: _____

Full Name: _____ Relationship: _____
Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Were you discharged honorably? YES NO

Applicant Information Continue

Are you able to perform the essential functions of the job as stated on the job description with or without an accommodation? YES NO

1. Are you over the age of 18 years? YES NO

If no, you may be required to provide authorization to work

2. Do you have any relatives or friends who work for the City of La Center? YES NO

If yes, who? _____

3. Have you ever done any volunteer work for the City of La Center? YES NO

If yes, describe (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities)

4. Are you currently employed? YES NO

If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving? _____

5. Have you completed any special courses, seminars, and/or training directly related to the position for which you are applying? YES NO

If yes, please describe _____

Use an additional sheet of paper if more space is necessary.

Certification of Information, Authorization and Release

With my signature below, I _____

Understand that as required by the Health Insurance Portability and Accountability Act of 1995, the City may not disclose any health information I may have shared during the application or interview process without my authorization;

Authorize the City of La Center to contact my prior employers, education institutions, references, and any institution or organization with whom I have been associated to give the City of La Center any pertinent information about my employability;

Release the individual, company, government employer, institution, or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the City of La Center from all liability whatsoever incurred in obtaining and/or using such information;

Release the City of La Center, its employees, and agents from all liability and/or claims whatsoever related to obtaining and/or using such information;

Certify that my answers are true and complete to the best of my knowledge;

Understand if this application leads to employment, that false or misleading information in my application or interview may result in my release.

Print Name: _____

Signature: _____ Date: _____

The City of La Center is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.