

360-263-2782 • Fax 360-263-5700 • www.ci.lacenter.wa.us 210 East Fourth Street • La Center, WA 98629

*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

		Арр	licant	Information
Full Name:	me:			Date:
Last		First	•	M.I.
Address:				
Street Address				Apartment/Unit #
	City			State ZIP Code
Phone:				Email
Date Availab	ole: Desire	ed Wag	e: <u>\$</u>	
Position App	olied for:			
Are you a citizen of the United States?		YES	NO	YES NO If no, are you authorized to work in the U.S.?
Have you ever worked for the City of La Center?		YES	NO	If yes, when?
Have you had any driving violations in the last three (3) years?		YES YES	NO NO	
Are you insurable?				
Do you possess a CDL Class B or C license?		YES	NO	If yes, please license #
Have you been convicted of a felony in the last 10 years?		YES	NO	
If yes, expla	in:			
			Refe	erences
Please list t	three professional references th	hat has	knowi	n you for five (5) years.
Full Name:				Relationship:
Company:				DI
Address:				

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Full Name:	Relationship:
Company:	Dhono
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	YES NO reference?
Company:	Phone:
Address:	Supervisor:
Job Title:	-
Job Title: Responsibilities: From:	

Company	r:					Phone:		
Address:					Su	pervisor:		
Job Title:								
Responsi	bilities:							
From:	To:	Re	eason	for Le	eaving:			
May we c	ontact your previous supervisor for a refere		YES		NO			
		Education	on					
High Scho	ool: A	ddress:						
From:	To: Did you gra		ES	NO	Diploma:_			
College:	A	ddress:						
From:	To: Did you gra	Yl aduate? [ES	NO	Degree:_			
Other:	A	ddress:						
From:	To: Did you gra		ES	NO	Degree:_			
	M	lilitary Se	rvice)				
Branch:					From:		To:	
Rank at D	Discharge:							
	discharged honorably? YES NO							
	Applicant		tion C	conti	nue	_	_	
	able to perform the essential functions of odation? YES \(\sum \) NO \(\subseteq \)					iption with	or without a	n
1. Are yo	ou over the age of 18 years? YES	NO 🗌						
If no, you	may be required to provide authorization	to work						
2. Do yo	u have any relatives or friends who work	for the City	y of La	a Cen	ter? YES [] NO []	
•	o?							
3. Have	you ever done any volunteer work for the	City of La	Cente	er? Y	ES 🗌 N	0 🗆		
-	scribe (Omit any volunteer work which ref atus, or disabilities)	lects your i	race, o	color,	religion, ag	e, sex, sex	ual orientatio	on,
4. Are y	rou currently employed? YES NO							
If yes, ma	ay we contact your employer? YES	NO						
If present	tly employed why are you considering le	aving?						

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

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