



CITY OF ORTING

APPLICATION FOR EMPLOYMENT

P.O. BOX 489, 104 BRIDGE ST S - ORTING, WA 98360

Phone: (360) 893-2219. FAX (360) 893-6809

EQUAL OPPORTUNITY: The City of Orting, Washington is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Orting affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, include your name, the position title for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of résumés, documents or certificates which support your application. All materials submitted become the property of the City of Orting and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

My initials at the end of this sentence affirm that I have read and understand these instructions. _____

PERSONAL INFORMATION

LAST NAME	FIRST	MI	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
MAILING ADDRESS				
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE				
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER	EMAIL ADDRESS		
ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE FOR POLICE APPLICANTS)?			YES	NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? IF OFFERED EMPLOYMENT YOU WILL BE REQUIRED TO PRESENT EVIDENCE OF YOUR RIGHT TO WORK.			YES	NO
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF ORTING?			YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF ORTING? IF YES, COMPLETE THE FOLLOWING INFORMATION: JOB TITLE/DEPARTMENT _____ DATES: FROM _____ TO _____			YES	NO
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF ORTING:				
NAME		JOB TITLE/DEPARTMENT		

DRIVER'S LICENSE: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Orting, and if your driver's license is from another state, you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION	
DO YOU AUTHORIZE THE CITY OF ORTING TO EVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT FOR DRIVER LICENSING.			YES	NO

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:		
HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?		
DO YOU WISH TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		
WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$ PER DATE AVAILABLE FOR WORK:		
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?	YES	NO

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION	
FROM		TO		IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLE VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	POINTS CLAIMED	
MO.	YR.	MO.	YR.		5	10
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY _____						
OPTIONAL: LIST OF ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY _____						

EDUCATION: Educational qualifications are subject to verification.

Highest Grade Completed: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED				
TYPE OF SCHOOL	SCHOOL NAME & LOCATION	NO. OF YEARS	COURSE WORK or MAJOR	DIPLOMA, DEGREE or CERT TITLE
BUSINESS/ TECHNICAL				
COLLEGE				
PROFESSIONAL LICENSES/ CERTIFICATIONS/ OTHER TRAINING				
DESCRIBE ANY COMPUTER OR OFFICE EQUIPTMENNT OPERATION SKILLS. INCLUDE PROGRAMS USED, TYPING SPEED & ANY OTHER INFORMATION RELEVANT TO TH EPOSITION FOR WHICH YOU ARE APPLYING: _____				

SPECIAL SKILLS – FIELD

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE AND EXPERIENCE LEVEL: _____

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PRESENT OR MOST RECENT JOB			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____				

No. of Employees Supervised (if applicable): _____				
PREVIOUS EMPLOYMENT #1			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____				

No. of Employees Supervised (if applicable): _____				
PREVIOUS EMPLOYMENT #2			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____				

No. of Employees Supervised (if applicable): _____				
PREVIOUS EMPLOYMENT #3			EMPLOYER	
FROM		TO		ADDRESS
MO	YEAR	MO	YEAR	
				TELEPHONE
YOUR TITLE			SUPERVISORS NAME AND TITLE	
HOURS PER WEEK			REASON FOR LEAVING POSITION	
SPECIFIC DUTIES / SKILLS: _____				

No. of Employees Supervised (if applicable): _____				

MISCELLANEOUS INFORMATION

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?	YES	NO
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?	YES	NO
CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR (WITH OR WITHOUT ACCOMMODATION)?	YES	NO
FOR POLICE APPLICANTS ONLY: HAVE YOU EVERY BEEN CONVICTED OF OR ARE YOU PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS)?	YES	NO

PROFESSIONAL REFERENCES: List three professional or business references who are not your relatives or employees of the City of Orting. State the nature of your business relationship (i.e. co-worker, supervisor, associate.)

NAME	EMAIL	PHONE	RELATIONSHIP

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF ORTING AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-EMPLOYMENT MEDICAL EXAMINATION: APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF ORTING.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY (6 MONTHS) OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF ORTING TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF ORTING ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF ORTING TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF ORTING OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF ORTING RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF ORTING, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____ DATE _____