



The City of Shelton is an equal opportunity employer

City of Shelton Employment Application

525 West Cota Street, Shelton, Washington 98584

- If you are employed by the City of Shelton, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform and Control Act.
- Applications will be screened and the most qualified invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful candidates. ***If you are selected for an interview or to participate in a skills test and need special accommodations due to impairment or disability, please notify Human Resources at (360) 432-5109.***

DO NOT submit a photograph of yourself.

Complete all information from this point forward. An incomplete application OR "see resume" is not acceptable and will not be considered. Please print or type.

APPLICANT'S NAME (Last)	(First)	(M.I.)	HOME PHONE NUMBER:
MAILING ADDRESS (Number and Street)			CELL PHONE NUMBER:
(City)	(State)	(Zip Code)	EMAIL ADDRESS:

POSITION FOR WHICH YOU ARE APPLYING?	PERSONNEL USE ONLY
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1. GENERAL		
A. Are you a U.S. Citizen, or, do you have a Visa permitting you to work in the U.S?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Are you over the age of 18? If not, give birth date:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Do you have, or can you obtain, a valid Washington State Driver's License? LIC:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Do you wish to claim Veteran's Preference? (Public Safety Positions Only)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Do you have any relatives who work for the City of Shelton? (If "YES," provide the name(s) in Item F)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. EXPLANATIONS:		

2. EDUCATION

A. Check the highest grade completed: 6 7 8 9 10 11 12

B. If you did not complete high school, do you have a high school equivalency diploma? YES NO

C. Check the number of years of post-secondary education: 1 2 3 4 5 6 7

	Name and Location of Institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate Obtained
1)					
2)					
3)					
4)					
5)					

D. List below valid licenses or certificates of professional or vocational competence relevant to the job for which you are applying.

	License/Certificate	License/Certificate Number	Expiration Date
1)			
2)			
3)			
4)			

3. WORK HISTORY--Beginning with your present or most recent employment, list your work experience/history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets if necessary. Be sure to include any non-paid experience that is related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here: _____.

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization/Address	
Salary Earned \$ _____ per		Name of Supervisor	Supervisor Phone Number

Job Responsibilities/Accomplishments

Reason for Leaving

3. Work History Continued.

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization/Address	
Salary Earned \$ per		Name of Supervisor	Supervisor Phone Number
Job Responsibilities/Accomplishments			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization/Address	
Salary Earned \$ per		Name of Supervisor	Supervisor Phone Number
Job Responsibilities/Accomplishments			
Reason for Leaving			

3. Work History Continued.

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization/Address	
Salary Earned \$ per	Name of Supervisor	Supervisor Phone Number	
Job Responsibilities/Accomplishments			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization/Address	
Salary Earned \$ per	Name of Supervisor	Supervisor Phone Number	
Job Responsibilities/Accomplishments			
Reason for Leaving			

4. REFERENCES--Please list three professional references who have knowledge of your qualifications.			
Name	Address	Daytime Phone	Relationship
A.			
B.			
C.			
D. May we contact your current employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

5. MISCELLANEOUS

- A. When will you be available to start work?
- B. How did you hear about this employment opportunity? (Please provide specific name of media whenever possible.)
- Word of Mouth:
 - Advertisement in:
 - City Website:
 - Other:

6. NOTICES

- The City of Shelton is an equal opportunity employer. The City maintains a policy of non-discrimination with employees and applicants. The City will not unlawfully discriminate in any aspect of employment or applicants for employment based on race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, pregnancy, disability or status as a disabled veteran or Vietnam era veteran, or any other basis prohibited by law. The City will accommodate applicants and employees with disabilities as required by law.
- The City of Shelton is a smoke and drug free work place. You may be required to complete a drug test prior to employment.
- The City of Shelton is not a Social Security covered employer. The City of Shelton participates in the Medicare portion of Social Security only.

7. CERTIFICATION

I hereby certify that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after hire. I have read the Job Opening and I can perform the essential functions of the job for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a job where I will have unsupervised access to children, developmentally disabled persons or vulnerable adults, the City of Shelton is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Shelton to continue to employ me in the future. For determination of my potential employment eligibility, I hereby authorize release of educational, police, criminal and employment information pertinent to the position for which I am applying. I further authorize the City of Shelton to rely upon and use, as it sees fit, any of the information received.

NAME	Signature	Date

MAIL or DELIVER your completed application to:
Human Resources Office
City of Shelton
525 W. Cota Street
Shelton, WA 98584



CITY OF SHELTON

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

I certify that the information given by me to the City of Shelton is true and complete to the best of my knowledge. I understand that, if employed, my providing false or misleading information may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Shelton's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Shelton, in consideration of the review of my employment application, do authorize the City of Shelton to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of furnishing such information. If employed, I release the City of Shelton from any liability for future references it may provide regarding my employment with the City of Shelton. Pursuant to RCW 43.43.834, background checks are available to the applicant upon request.

If employed, I further agree that if the City of Shelton advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the City of Shelton's property, the City of Shelton is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Applicant - Please Print Name

Applicant's Signature

Date _____

**CITY OF SHELTON
Human Resources
525 West Cota Street
Shelton, WA 98584**

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of the City of Shelton to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.

Please print or type.

Name _____ Date _____
Last First Middle

Position applied for _____

Where did you hear about this job? _____

Racial/Ethnic Origin (You may mark one or more of the following):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- I elect not to identify.

What is your sex? Male Female

Signature _____