

CITY OF WESTPORT

APPLICATION FOR EMPLOYMENT

P.O. BOX 505, WESTPORT, WA 98595

(360) 268-0131, FAX (360) 268-0921

EQUAL OPPORTUNITY: The City of Westport, 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 Westport 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 Westport 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	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:		
MAILING ADDRESS					
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE					
TELEPHONE NUMBER ()			ALTERNATE NO. WHERE YOU MAY BE REACHED ()		
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 WESTPORT?				YES	NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF WESTPORT? IF YES, COMPLETE THE FOLLOWING INFORMATION:				YES	NO
JOB TITLE/DEPARTMENT		DATES: FROM		TO	
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF WESTPORT.					
NAME _____					
JOB TITLE/DEPARTMENT _____					

DRIVER'S LICENSE: If the position for which you are applying will require you to operate a vehicle:

- (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 Westport, 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 _____
<p>FINALISTS, UPON NOTIFICATION THAT REFERENCES WILL BE CHECKED WILL BE REQUIRED TO SUBMIT A COPY OF THEIR DRIVING ABSTRACT TO THE CLERK TREASURER. NOTE: DRIVING ABSTRACTS MAY BE OBTAINED AT ANY WASHINGTON DEPARTMENT OF LICENSING BRANCH OFFICE FOR A SMALL FEE. THIS FEE IS AT THE FINALIST'S OWN EXPENSE</p>	

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		
IF PART TIME, SPECIFY DAYS & HRS. PER WEEK:		
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
SPECIFY COMMITMENTS		

EDUCATION:

Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	YES	NO
WHAT POST SECONDARY DEGREE(S) DO YOU HOLD?		
MAJOR/MINOR DEGREE, FIELD OR PROGRAM OF STUDY:		
NAME AND LOCATION OF COLLEGES OR UNIVERSITIES ATTENDED:		

MILITARY SERVICE

DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE:	RANK AT SEPARATION:
FROM		TO			
MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S POINTS CLAIMED (CIRCLE 1)
					5 10
LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY					

EMPLOYMENT HISTORY

(JOB 1) PRESENT OR MOST RECENT JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK						SUPERVISOR'S NAME: _____
						TITLE: _____
STARTING SALARY\$ _____ PER _____						REASON FOR LEAVING POSITION:
LAST SALARY\$ _____ PER _____						
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 2) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK						SUPERVISOR'S NAME: _____
						TITLE: _____
STARTING SALARY\$ _____ PER _____						REASON FOR LEAVING POSITION:
LAST SALARY\$ _____ PER _____						
SPECIFIC DUTIES						
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 3) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK						SUPERVISOR'S NAME: _____
						TITLE: _____
STARTING SALARY\$ _____ PER _____						REASON FOR LEAVING POSITION:
LAST SALARY\$ _____ PER _____						
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

(JOB 4) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NUMBER:
						YOUR JOB TITLE:
HOURS PER WEEK						SUPERVISOR'S NAME: _____
						TITLE: _____
STARTING SALARY\$ _____ PER _____						REASON FOR LEAVING POSITION:
LAST SALARY\$ _____ PER _____						
SPECIFIC DUTIES						

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)						

SPECIAL SKILLS – OFFICE

DO YOU TAKE SHORTHAND?	YES	NO
CAN YOU TRANSCRIBE MACHINE DICTATION?	YES	NO
TYPING SPEED: _____ WORDS PER MINUTE		
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____ _____		
WHAT COMPUTER EXPERIENCE DO YOU HAVE (MAC OR PC)? _____		
A. LEVEL OF SKILL _____		
B. YEARS OF OPERATING EXPERIENCE _____		
C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? _____		
D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: _____		
OTHER SKILLS: _____ _____ _____ _____ _____		

SPECIAL SKILLS – FIELD

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE _____ _____
A. LEVEL OF SKILL: _____
B. YEARS OF OPERATING EXPERIENCE: _____
OTHER SKILLS: _____ _____ _____ _____ _____

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
WITHIN THE LAST SEVEN YEARS; HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OR RELEASED FROM JAIL/PRISON? If yes, please list below.	YES	NO
FOR POLICE APPLICANTS ONLY: WITHIN THE LAST TEN YEARS, HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE OR RELEASED FROM JAIL/PRISON? If yes, please list below.	YES	NO

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

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

PERSONAL REFERENCES: List three personal references who are not your relatives or employees of the City of Westport. State the nature of your relationship (i.e., friend, landlord, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

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 WESTPORT 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 WESTPORT.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY 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 WESTPORT 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 WESTPORT 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 WESTPORT 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 WESTPORT 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 WESTPORT 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 WESTPORT, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

UPON EMPLOYEMENT, YOU WILL BE REQUIRED TO PROVIDE YOUR SOCIAL SECURITY NUMBER.

SIGNATURE _____ DATE _____