



APPLICATION FOR EMPLOYMENT

City of Davenport

411 Morgan Street
P.O. Box 26
Davenport, WA 99122
509.725.4352
FAX: 509.725.4300

**AN AFFIRMATIVE ACTION
EQUAL OPPORTUNITY EMPLOYER**

If you require accommodation to participate in the application or examination process, please inform the City Staff by the closing date on the job announcement.

PLEASE TYPE OR PRINT - ANSWER ALL QUESTIONS - USE INK ONLY

An incomplete application may delay action or disqualify you.

Name:

Last First Middle

Address:

PO Box/Physical Address City State ZIP Code

Phone:

Home Work Message Cell Phone

SSAN#:

You must notify the City of Davenport if you change your address

POSITION DESIRED _____

I learned of this job opening through (check all that apply):

City Employee Friend or Relative Job Posting Other

Name: _____

Where: _____

Type of work you will accept (check appropriate boxes):

Full Time Part Time Temporary Seasonal

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Give us a clear description of your job duties, the time spent doing that work, the equipment you used, and anything else which will help us understand the nature of your work. We will evaluate the information you provide to decide which applicants will be invited to the examination for this position. Your application may be used as part of the examination process; therefore, it should represent your best effort.

GENERAL INFORMATION

Have you ever been employed by the City of Davenport? Yes No
 Dates: From _____ to _____

Do you have relatives employed by the City? Yes No

(There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest). If yes, indicate name and department _____

Have you been convicted of a crime or released from prison within the last 7 years? Yes No
 If yes, please explain (a conviction record will not necessarily be a bar from employment):

Do you possess a valid driver's license? Yes No

State of Issue: _____ Commercial driver's license number: _____

List any other licenses and certificates you currently hold: _____

Proof of U.S. citizenship or legal right to work in the U.S. will be required upon employment.

EDUCATION AND TRAINING

Have you graduated from high school or received a GED? Yes No
 If no, highest grade completed: _____

POST HIGH SCHOOL EDUCATION

	Name, City & State	Degree Earned	Specialization	From	To
College or University					
Post-Graduate Work					
Other					

Have you completed an apprenticeship? Yes _____ No _____ Which craft(s): _____

SPECIAL SKILLS AND QUALIFICATIONS

What equipment do you operate? _____

What office machinery do you operate? _____

Do you type? Yes No WPM _____

Do you take shorthand? Yes No WPM _____

List any special technical or machine operation skills that you have gained from employment, training, experience as a volunteer or through other means: _____

List any foreign languages that you speak and/or comprehend: _____

Check the appropriate skill level:

Speak

Fluent
Good
Fair

Comprehend:

Fluent
Good
Fair

REFERENCES

Give name, address and phone number of three persons, other than former employers or relatives who have a definite knowledge of your work.

Name	Address	Phone

AGREEMENT, CERTIFICATION AND AUTHORIZATION

(Please read carefully)

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and that any false statement shall be considered sufficient cause for employment disqualification or discharge.

I authorize my current or former employer(s) to provide to the City of Davenport representatives any information regarding my current or former employment. I understand that such information may or may not help my application for employment with the City of Davenport. I hereby release any current or former employer, its agents or employees, from any and all liability resulting from the release of such information. My authorization to current or former employers to release information, and my waiver of liability, which are written out above, are knowing, intelligent and voluntary acts.

I authorize schools and other educational and technical institutions which I have attended to release my scholastic ratings or records to City of Davenport representatives.

I am willing to have a pre-employment physical examination, if requested, at my expense.

I understand that, as a condition of employment and within 3 days of being employed, I must provide documentation to prove employment eligibility and personal identification as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date of Application

Notice: All applications must be signed and dated in order to be accepted for consideration.

EMPLOYMENT EXPERIENCE

List below all the jobs you have held in the past 10 years, beginning with your present or last employer. Account for unemployment periods. Attached supplementary pages, (this page may be duplicated) or use white paper.

Dates of employment (month, year)
from _____ to _____

Exact Title of Position

Name of employer and address:

Average hours per week: _____

Salary/Earnings:

Starting: \$ _____

Final: \$ _____

Name of immediate supervisor: _____

Phone Number: _____

Kind of business or organization (manufacturing, accounting, etc.): _____

Reason for leaving: _____

Description of duties and accomplishments in your work: _____

Dates of employment (month, year)
from _____ to _____

Exact Title of Position:

Name of employer and address:

Average hours per week: _____

Salary/Earnings:

Starting: \$ _____

Final: \$ _____

Name of immediate supervisor: _____

Phone Number: _____

Kind of business or organization (manufacturing, accounting, etc.): _____

Reason for leaving: _____

Description of duties and accomplishments in your work: _____

Dates of employment (month, year)
from _____ to _____

Exact Title of Position:

Name of employer and address:

Average hours per week: _____

Salary/Earnings:

Starting: \$ _____

Final: \$ _____

Name of immediate supervisor: _____

Phone Number _____

Kind of business or organization (manufacturing, accounting, etc.): _____

Reason for leaving: _____

Description of duties and accomplishments in your work: _____

VETERAN'S PREFERENCE

Under Washington state law, veteran's preference may be claimed if you received a discharge under honorable conditions, or received a discharge for physical reasons with honorable records, AND: (1) served in any branch of the armed forces of the United States between World War I and World War II, or during any period of war; or; (2) served in any branch of the armed forces of the United States and received the armed forces expeditionary medal, or Marine Corps and Navy expeditionary medal, for opposed action on foreign soil. Veteran's preference must be claimed within eight (8) years of release from active duty. (MILITARY RESERVE TIME DOES NOT QUALIFY).

Do you claim veteran's preference? Yes No

If yes, provide dates of service: _____

Date of entry: _____ Date of release: _____

Date of retirement: _____

Did you receive the Armed Forces, Marine Corps and Navy expeditionary medal or Southwest Asia Service Medal for opposed action on foreign soil? Yes No If yes, where did you serve? _____

Have you ever used veteran's preference to obtain employment? Yes No

If yes, which job(s): _____

Proof of military service or release from active duty papers (Form DD214) must be submitted with this application.