



GRANITE FALLS

Application for Employment

Position Applied for:

This City is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability, or any other basis prohibited by federal, state, or local law.

Directions:

1. Review and complete this entire application packet. You must submit a separate application for each position.
2. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required.
3. Resumes may be attached to your original application.
4. Once you have completed the application, print the documents and save a copy for your records.
5. Sign and date a copy of the required documents and send them to the Granite Falls City Clerk. Only original applications with signatures will be accepted.

Complete all information. Resumes will not substitute for this application. An incomplete application may disqualify you from further consideration.

PERSONAL

Name: _____
Last First Middle

Address: _____
Street City State Zip

Mailing: _____
Mailing Address City State Zip

E-Mail Address: _____

Home Phone: _____ Contact Phone: _____

Social Security #: _____
(Optional)

Do you have a valid Washington Driver's License? Yes No License #: _____

Are you 18 years or older? Yes No

Are you prevented from lawfully working in the United States by visa or immigration status? Yes No
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).

TRAINING AND EDUCATION

High School: _____ Did you graduate? Yes No GED? Yes No

Colleges Attended:

Name of College/Location: _____

Dates: _____

Degree or # of Credits: _____

Other Courses/Training: _____

Location/Length of Course: _____

Date: _____

EQUIPMENT, OFFICE AND COMPUTER SKILLS

Describe your computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the position for which you are applying.

PROFESSIONAL REFERENCES (Do Not List Relatives)

Name/Title: _____ Employer: _____ Phone () _____
Name/Title: _____ Employer: _____ Phone () _____
Name/Title: _____ Employer: _____ Phone () _____

OTHER

Are you a former City of Granite Falls Employee? Yes No

Job Title _____ Date Employed _____

Relatives Employed by the City of Granite Falls? Yes No

Name _____ Relationship _____ Department _____

Beginning with your present or most recent employment, list your work/experience history in 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 as necessary. Be sure to include any non-paid experience which 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 currently employed, please state why you are interested in leaving your current job. If you have been known by a different name by any of these employers, please identify the employer and state the name here: _____

WORK HISTORY

Past or Present Employer:		Dates Employed: From: _____ To: _____
Address:		Ending Salary:
Supervisor:	Telephone Number:	Your Job Title:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number hours worked/week:
Reason for Leaving, or Wanting to Leave, this Employer:		
Primary Duties (List Specific Work Performed): _____ _____ _____		

Past or Present Employer:		Dates Employed: From: _____ To: _____
Address:		Ending Salary:
Supervisor:	Telephone Number:	Your Job Title:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number hours worked/week:
Reason for Leaving, or Wanting to Leave, this Employer:		
Primary Duties (List Specific Work Performed): _____ _____ _____		

Past or Present Employer:		Dates Employed: From: _____ To: _____
Address:		Ending Salary:
Supervisor:	Telephone Number:	Your Job Title:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number hours worked/week:
Reason for Leaving, or Wanting to Leave, this Employer:		
Primary Duties (List Specific Work Performed): _____ _____ _____		

Past or Present Employer:		Dates Employed: From: _____ To: _____
Address:		Ending Salary:
Supervisor:	Telephone Number:	Your Job Title:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number hours worked/week:
Reason for Leaving, or Wanting to Leave, this Employer:		
Primary Duties (List Specific Work Performed): _____ _____ _____		

CRIMINAL CONVICTION

The City of Granite Falls is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. **A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.** Have you been convicted of a criminal offense or released from jail within the past 10 years? Yes No

If yes, please explain the nature of the offense, date, court, and description: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if the City has not employed me and for immediate dismissal if the City has employed me. I also authorize the City to supply information about my employment record, in whole or in part, in confidence to any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the City from any and all liability for its providing this information.

I understand that nothing in this employment application, in the City's policy statement or personnel guidelines, or in my communication with any City official is intended to create an employment contract between the City and me. I also understand that City has the right to modify its policies without giving me any advance notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless it is made in writing and signed by the Mayor or designee. I understand that if an employment relationship is established, I have the right to terminate my employment relationship at any time for any reason. I also understand that if I'm hired in a non-represented position, the City retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statement.

Signature: _____

Date: _____

Return signed, completed originals to:

**City of Granite Falls
Attn: City Clerk
206 South Granite Avenue, P.O. Box 1440
Granite Falls, WA 98252
(360) 691-6441**



AUTHORIZATION FOR APPLICANT BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

I, _____, as an applicant for a position as _____, DO HEREBY AUTHORIZE the City of Granite Falls and/or its agents to conduct a pre-employment background investigation and to obtain pertinent records which are a condition of employment and are related to the position for which I have applied as follows:

1. Personal references listed by applicant.
2. Former employers.
3. Extended list of references to be developed from conversation with 1 and 2 above.
4. Police files in jurisdictions where the applicant presently lives or formerly lived within the last seven (7) years.
5. Driving record certified by the Department of Licenses.
6. Any outstanding wants and warrants for applicant from the National Crime Information Center.
7. Federal Bureau of Investigation records checked on the basis of the applicant's fingerprints.
8. A credit check with the credit bureau for employment purposes.
9. Any other records or documents which are relevant to the position the applicant is seeking.

I further understand that the applicant background check form will be completed and become a permanent part of my record and that the investigator will use such sources as necessary to evaluate the information received. In the event any adverse information is revealed, I understand that the investigator will compile the findings of fact and furnish me with an opportunity to challenge such information. I also understand that the Mayor will be the final authority in determining whether or not to disqualify my candidacy on the findings of fact on the background check. For purposes of this document, a photo copy shall have the same status as one with an original signature.

Date

Applicant's Signature



AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist.

I certify that the information given by me to the City of Granite Falls is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in 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’s interest, nor will I become engaged in such activity or business if employed.

I authorize the City of Granite Falls to solicit information regarding my character, general reputation, credit, 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 the furnishing of such information. If employed, I release the City of Granite Falls from any liability for future references it may provide regarding my work history at the City.

If hired in a non-union position, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the City or myself. I understand that no representative of the City of Granite Falls, other than the Mayor, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the City of Granite Falls 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 Granite Falls’ property, the City of Granite Falls is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Date: _____

Name (Please Print): _____

Signature: _____



GRANITE FALLS

DRIVING RECORD (To be completed with application)

Name: _____
(Please Print) Last First MI

List all notices of infractions or traffic citations (other than parking tickets), which you have received in the past 5 years.

State	Month/Year	Type of Infraction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Infractions or citations will not necessarily remove you from consideration. The City will; however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: _____ Date: _____

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract to Human Resources. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City Driving Standards:

Applicants for positions in which the occupant is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

- ▶ Violations – More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.
- ▶ Accidents – More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."



GRANITE FALLS

**FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement**

To: All Applicants for Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed



GRANITE FALLS

AFFIRMATIVE ACTION INFORMATION

Position Applied: _____

The City of Granite Falls provides equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, sex, age, marital status, veteran status, sexual orientation or the presence of disability. **Providing this information is voluntary and will be kept in a confidential file separate from the application form.**

Sex: Male Female

Age: Below 18 Above 18 but below 40 Above 40

Ethnic Category: Caucasian
 African American
 Hispanic
 Native American
 Asian
 Pacific Islander
 Other Specify _____

FITNESS FOR DUTY

Can you perform the essential functions of the job, with or without reasonable accommodation (See job description)?

Yes No

Will you need reasonable accommodation to perform the essential functions of the job?

Yes No

If yes, please describe the necessary accommodation(s):

RECRUITMENT INFORMATION

How did you hear about the position for which you are applying?

- Friend or relative
- City Job Bulletin
- City Employee
- City Website
- Newspaper Ad

Name of newspaper: _____

Other

Please specify: _____