



# CITY OF TOPPENISH

21 West First Avenue  
Toppenish, WA 98948

## READ AND COMPLETE APPLICATION CAREFULLY

All questions must be answered by typing or printing in ink. Do not answer any questions by stating "See Resumé." Return the completed application to the City Clerk's Office at City Hall. The application must be received by the closing time and date stated in the job announcement. Application must be signed and dated. If required, attach resumé to back of application.

The City of Toppenish is an Equal Opportunity Employer and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or handicaps unless based upon a bona fide occupation qualification. If you believe you have been discriminated against, you should notify the City's Personnel Officer immediately.

Position Applying for \_\_\_\_\_ Date \_\_\_\_\_

### I. PERSONAL HISTORY

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Present Address \_\_\_\_\_  
No. Street  
City State Zip Code

Mailing Address (if different than above) \_\_\_\_\_  
City State Zip Code

3. Telephone \_\_\_\_\_ Message Phone \_\_\_\_\_

4. Do you meet the minimum age requirements of the job? \_\_\_\_\_

5. Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_

6. List any relatives employed by the City \_\_\_\_\_

7. List any criminal and traffic convictions in the past ten years. If you are applying for a driving position, list traffic convictions also. (This information may not necessarily bar you from employment in non-police positions.)

Conviction Date

Conviction Date

Conviction Date

8. Professional or work related references (Do not list relatives).

_____	_____	_____
Name	Address	Business/Home Phone No.
/		
_____	_____	_____
Name	Address	Business/Home Phone No.
/		
_____	_____	_____
Name	Address	Business/Home Phone No.

9. Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements (Shift work, weekends, or evenings)?

- No       Yes

**II. MEDICAL AND PHYSICAL HISTORY**

1. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?

- No       Yes

**III. RECORD OF EDUCATION**

1. Schools:

A. High School \_\_\_\_\_  
Name City/State

Last Year Completed \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ Diploma or GED? \_\_\_\_\_

B. College \_\_\_\_\_  
Name City/State

Did You Graduate? \_\_\_\_\_ Type of Degree \_\_\_\_\_ In \_\_\_\_\_

C. Other (Specify) \_\_\_\_\_

Did You Graduate? \_\_\_\_\_ Type of Degree/Course of Study \_\_\_\_\_

2. What other experiences, skills, training, qualifications or certifications do you feel would especially fit you for the work for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. RECORD OF EMPLOYMENT**

1. List below all present and past employment (current employment first) for the past ten (10) years. Use additional paper and attach if necessary.

A. Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

B. Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

C. Agency Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
Employed From \_\_\_\_\_ To \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
Describe Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

2. May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact and why.

\_\_\_\_\_  
\_\_\_\_\_

**V. MILITARY SERVICE**

1. Were you in the U. S. Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_
2. Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_
3. List duties in the service, including special training \_\_\_\_\_  
\_\_\_\_\_

**VI. SPECIAL SKILLS/INTERESTS**

1. Equipment/Machines Operated \_\_\_\_\_  
\_\_\_\_\_
2. Civic Activities or Volunteer Work \_\_\_\_\_  
\_\_\_\_\_
3. Other \_\_\_\_\_  
\_\_\_\_\_

**VII. PLEASE READ THE FOLLOWING STATEMENT. THEN SIGN AND DATE YOUR APPLICATION. YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND THE FOLLOWING STATEMENT:**

The facts set forth in my application for employment are true and complete. I am legally able to accept employment in the United States. I understand that employment is contingent upon review of applicant's abstract of driving record that I qualify as a driver for the City (Driver Positions Only).

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. You are hereby authorized to make any job related investigation of my personal history including credit references through any investigative agencies of your choice. For this purpose, please list any other names by which you have been known:

\_\_\_\_\_  
I understand I have the right to provide additional information in the case of derogatory information as well as requesting a copy of my consumer credit report from the agency that provided it to the City.

Any offer of employment made by the City to prospective full-time and regular part-time employees will be contingent upon satisfactory completion of the employment testing exams. A drug screening test will be part of the physical exam. Anyone refusing the drug screening or testing positive for illicit or misused drugs will not be hired. Failure to sign the consent for drug screening will be treated the same as an incomplete application and the applicant will be removed from further employment consideration. A polygraph and psychological examination will be required for some positions. Any testing required will be paid for by the City. Passing the employment testing examinations does not guarantee employment with the City.

I understand that false statements on this application shall be considered sufficient cause for dismissal. I understand that nothing in this employment application, in the City's policy statement or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and me. I also understand that the City has the right to modify its policies without giving me any advance notice of the changes. I understand that employment can be terminated with or without cause, and with or without notice, at any time, at the option of either the City or the employee.

\_\_\_\_\_  
Applicant's Signature Date