



CITY OF BATTLE GROUND EMPLOYMENT APPLICATION

Human Resources, 109 SW 1st Street, Ste. 221, Battle Ground, WA 98604 Telephone (360) 342-5009

- Please note that incomplete applications are rejected and returned to the applicant. To apply:
1. This form must be filled out **completely**, including an **original signature** and **date**.
 2. A **Letter of Interest** and **Resume** must be attached.
 3. A **separate application** must be completed **for each** position for which you are applying.
 4. Attach additional pages as necessary
 5. Please **DO NOT** submit a photograph of yourself.

Position applied for:	Date of application:
Referral Source: <input type="checkbox"/> City's Website <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other	
Name of source (if applicable):	

PERSONAL INFORMATION

Last Name:	First Name:	Middle Name/ Initial:
Mailing Address:	City:	State: ZIP Code:
Home Phone:	Work Phone:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone (optional):	E-mail Address (optional):	

EDUCATION/TRAINING

High School:	Location (City & State)	Graduate/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major:	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University:	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major:	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training:	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Trade, Other Training:	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

VALID LICENSES/CERTIFICATES

Type of License/Certificate:	Issuing State	Registration #	Expiration Date
Type of License/Certificate:	Issuing State	Registration #	Expiration Date

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years. In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important, please include it. Include any periods of self-employment, military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach a separate sheet. Complete all sections completely and accurately to the best of your ability.

A résumé will not be accepted in lieu of completing this section. “See résumé” or “See attached” is not acceptable.

A brief listing of duties must be completed on this form.

Employer:		Job Title:		
Address:		City:	State:	ZIP Code:
Supervisor:		Supervisor’s Title:		Employer’s phone number:
Duties:		Dates Employed		
		From	To	
		Starting Salary	Ending Salary	
Reason for leaving or considering change:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

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Address:		City:	State:	ZIP Code:
Supervisor:		Supervisor’s Title:		Employer’s phone number:
Duties:		Dates Employed		
		From	To	
		Starting Salary	Ending Salary	
Reason for leaving or considering change:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

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Address:		City:	State:	ZIP Code:
Supervisor:		Supervisor’s Title:		Employer’s phone number:
Duties:		Dates Employed		
		From	To	
		Starting Salary	Ending Salary	
Reason for leaving or considering change:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

EMPLOYMENT HISTORY CONTINUED

Employer:		Job Title:	
Address:	City:	State:	ZIP Code:
Supervisor:	Supervisor's Title:	Employer's phone number:	
Duties:		Dates Employed	
		From	To
		Starting Salary	Ending Salary
Reason for leaving or considering change:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

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Address:	City:	State:	ZIP Code:
Supervisor:	Supervisor's Title:	Employer's phone number:	
Duties:		Dates Employed	
		From	To
		Starting Salary	Ending Salary
Reason for leaving or considering change:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	

PROFESSIONAL REFERENCES

List those who are familiar with your work experience (other than those listed in your employment history and related to you).	
1. Name	Current Phone Number
Title	Organization/Business
2. Name	Current Phone Number
Title	Organization/Business
3. Name	Current Phone Number
Title	Organization/Business

OTHER INFORMATION

Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
After reviewing the job announcement, is there any reason that would prevent you from performing the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: The City's nepotism policy prohibits family members, spouses, or individuals residing with a current employee from working in any capacity that may create a conflict of interest. Are you related to or residing with any current employee of the City of Battle Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give the name of the employee and relationship to him/her:	
Are you a U.S. Citizen, or, do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Within the past 10 years, have you been convicted of or plead guilty to any crime <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the nature of the offense, date, court, and disposition: <i>Note: Although the City may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from consideration for employment with the City.</i>	

AGREEMENT, CERTIFICATION, & AUTHORIZATION

Please read carefully before signing

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

I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Battle Ground is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License.

I authorize the City of Battle Ground 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.

In the event of my employment with the City of Battle Ground, I will comply with all rules, regulations, and policies set forth in the City's policy manual or the communications distributed by the City.

I understand that in order for City employees to respond in the event of any emergency, telephone numbers and addresses of employees are made available within the City organization.

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

Applicant Signature: _____ **Date:** _____

Application Packet Checklist: **REQUIRED: Original Signature and Date**
 REQUIRED: Letter of Interest and Resume is Completed and Attached

The City does NOT accept applications by email or fax.

The City of Battle Ground is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state, or local law.

In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.

The City of Battle Ground is a drug-free, tobacco-free workplace.

Please notify the Human Resources Department if your contact information changes.



EQUAL EMPLOYMENT OPPORTUNITY

Completion of this page is optional.

The City of Battle Ground is an Equal Opportunity Employer. To help us comply with government record keeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is entirely voluntary. Upon receipt, this information will be immediately removed from the application form, kept in a confidential separate file and will not be used in the evaluation of your application.

Job Title Applied for: _____

Sex: Male Female

Age 40 or Over? Yes No

Race: (choose only one)

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian
- Native Hawaiian or Pacific Islander
- American Indian/Alaska Native
- Two or More Races

Disability Status: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such impairment, as defined by the Americans with Disabilities Act. "Substantially limits" means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

Do you meet this definition? YES NO

Accommodation to participate in the job application and/or selection process for employment will be made upon request with reasonable notice. Please contact the Human Resources Department for further information.