



City of Roslyn
 100 E Pennsylvania Ave
 PO Box 451, Roslyn, Wa. 98941
 (509) 649-3105

APPLICATION FOR EMPLOYMENT

The City of Roslyn is an Equal Employment Opportunity Employer, we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, material or veteran status, or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify us immediately. Please understand that the City will only accept applications for currently advertised positions.

Position desired: _____ Date of Application: _____

How did you learn of this Vacancy?: _____ Date available for employment: _____

General Information				
Last Name		First Name		Middle Initial
Street Address	P.O Box	City	State	Zip
Home Phone ()	Work Phone ()	Message Phone ()	E-mail Address	

(Please Circle One)

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you previously applied for a position with the City of Roslyn? Yes No
 If yes, Position and Date: _____

Have you previously been employed by the City of Roslyn? Yes No
 If yes, Position and Dates: _____

Do you know anyone who is employed by the City of Roslyn? Yes No
 If yes, Name and Relationship: _____

Are you legally authorized to become employed in the United States? Yes No

Are you currently employed? Yes No
 If yes, may we contact you current employer? Yes No

If required for this position what is your Driver's License # and State? _____

Have you been convicted of a crime within the past 7 years? Yes No
 If yes, please explain: _____

The City, in making hiring decisions, will consider criminal convictions and how a conviction relates to the position you are applying for. A criminal conviction will not automatically bar you from employment.

Does the salary for this position meet your requirements? Yes No

Can you travel overnight if required? Yes No

Are you available to work occasional evenings and/or weekends if required? Yes No

Education and Training

Did you graduate from high school or receive a GED certificate? No Yes

Name/Location of institution that issued you diploma or GED Certificate: _____

Name of college, university or vocational school	Major	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours
		From	To		Title	Date	

Indicate any professional certificates or licenses you possess that are related to this position:

Employment History

Start with present or last job and work back. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. **A RESUME CAN SUPPLEMENT BUT NOT SUPPLANT COMPLETION OF THE FOLLOWING INFORMATION.** Please use a separate sheet if needed.

Employed by:	Your Job Title:
Address	Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)
Supervisor's Name	Phone No.
Supervisor's Title	
Starting Salary \$	Final \$
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employed by:	Your Job Title:
City & State	Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)
Supervisor's Name	Phone No.
Supervisor's Title	
Starting Salary \$	Final \$
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employment History - Continued

Employed by:	Your Job Title:
Address	Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)
Supervisor's Name	Phone No.
Supervisor's Title	
Starting Salary \$	Final \$
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employed by:	Your Job Title:
City & State	Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)
Supervisor's Name	Phone No.
Supervisor's Title	
Starting Salary \$	Final \$
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	

Additional Qualifications

Please summarize your additional skills or qualifications related to this position, including computer and equipment operation:

Additional Information

Anything else you would like us to consider relating to you ability to perform the job for which you have applied?

Professional References

Please list three professional reference that are not past supervisors who can speak to your professional qualifications and character.

Name	Position and Employer	Phone Number

**CITY OF ROSLYN – AFFIDAVIT/CERTIFICATION OF
INFORMATION AND RELEASE**

By my signature below:

I certify that to the best of my knowledge the information contained in this application and all supplemental information I have submitted is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or during my employment, regardless of when or how discovered.

I certify that I have read the job description for the position for which I am applying and that I can perform the essential and auxiliary functions listed for this position with or without reasonable accommodation, and I understand that the job description is illustrative only and does not list all functions or responsibilities of the position.

I understand that this application is valid only for this position and I must re-apply for any future positions with the City of Roslyn.

I understand that if I am hired I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that the City may contact my current and prior employers, educational institutions, and other references, whether listed or not listed in my application material. These references are authorized to give the City any and all pertinent information they may have related to my previous job performance and my ability to perform the job I am applying for, this includes information relating to my moral character. I release all persons or entities involved, including the City of Roslyn, previous employers and their agents, and any other person or entity, from all liability arising from this contact and release of information. (You will be informed prior to the City contacting references and present or past employers.)

I agree to submit to any post-offer, pre-employment, medical or physical testing, as required by the City of Roslyn.

I authorize the City to conduct a criminal history and credit check and understand that the City in making hiring decisions will consider criminal convictions and how a conviction relates to the position I am applying for. I understand that a criminal conviction does not automatically bar me from employment with the City. (You will be notified prior to the background check and if a credit check is required you will be notified of your rights under the Fair Credit Reporting Act.)

I understand and agree that nothing contained in this employment application packet creates a contract for employment between the City and me. If an employment relationship is established, I understand that unless specifically limited in an expressed, formal executed contract, I have the right to terminate my employment at any time and that the City has the same right.

Applicant Signature

Date

Applicant Name - Printed