

# EMPLOYMENT APPLICATION

CITY OF MOSSYROCK  
 P.O. Box 96 / 231 E. State St.  
 Mossyrock, WA 98564  
 (360) 983-3300



*" THE HEART OF LEWIS COUNTY "*

Separate applications and job supplemental questionnaires are required for each position.  
 Resumes cannot be used as a substitute for an application or supplemental questionnaire, but can be submitted.  
**Application and supplemental questionnaire must be submitted by U.S. Mail or in person.**

Position Applying for: \_\_\_\_\_

1. NAME: (LAST, FIRST, MIDDLE)		2. SOCIAL SECURITY NUMBER - - -	
3. PHYSICAL ADDRESS:		4. CITY:	5. STATE/ZIP CODE: -
6. MAILING ADDRESS:		7. CITY:	8. STATE/ZIP CODE: -
9. TELEPHONE (home):	10. TELEPHONE (work):	11. EMAIL ADDRESS:	
12. Are you a United States Citizen? YES _____ NO _____ If you are not a U.S. citizen, please give the number of your permanent resident card or work permit: _____			
13. Are you over the age of 21? YES _____ NO _____		14. What type of employment do you desire? FULL-time _____ PART-time _____ Temporary _____ Date Available: _____	

## CRIMINAL HISTORY (will be made on above applicant)

15. Have you ever been convicted of any violation of law other than a minor traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please explain below: (List ALL convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, and so on) including convictions that have been set aside or pardoned. Minor traffic violation (i.e., parking ticket, speeding ticket) do not need to be listed.

Date: \_\_\_\_\_ Charges: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Date: \_\_\_\_\_ Charges: \_\_\_\_\_  
 City/State: \_\_\_\_\_

Explanation (for each): \_\_\_\_\_

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

Last Name: \_\_\_\_\_

16. Do any relatives work for the City of Mossyrock? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please give their name(s) & department(s):

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17. Have you ever worked for the City of Mossyrock? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, please give starting/ending date(s) & department(s):

**MILITARY DUTY**

18. Have you ever served in an Active Duty in the U.S. Armed Forces? YES \_\_\_\_\_ NO \_\_\_\_\_

Dates (starting/ending): \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Do you claim Veteran's Preference? YES \_\_\_\_\_ NO \_\_\_\_\_  
 \*If yes, please see below.

Primary Duties: \_\_\_\_\_

**\* To receive veteran's preference, you must submit a copy of your DD 214 Form with your application by the closing date, and have served for more than 90 consecutive days during one of the following periods: April 6, 1917-Nov. 11, 1918; Dec. 7, 1941-Dec. 31, 1946; June 25, 1950-Jan. 31, 1955; Feb. 28, 1961-May 7, 1975; Aug. 25, 1982-Feb. 26, 1984(Lebanon); Oct. 23, 1983-Nov. 21, 1983(Granada); Dec. 20, 1989- Dec. 31, 1990(Panama); Aug. 2, 1990-continuing(Persion Gulf)(and any other legally designated periods), and discharged under honorable conditions.**

**EDUCATIONAL RECORD**

19. Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 other: \_\_\_\_\_

20. Name of High School attended: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ or obtain equivalent GED? YES \_\_\_\_\_ NO \_\_\_\_\_

**19. Vocational Education (Business School, Trade School, Service School, ETC.)**

Name & Location	Dates Attended		Course of Study	Diploma or Certificate received	Credit Hours Earned
	From	To			

**20. College and/or University (Undergraduate, Graduate, Professional)**

Name & Location	Dates Attended		Course of Study	Diploma or Certificate received	Credit Hours Earned
	From	To			

Last Name: \_\_\_\_\_

21. Other					
Name & Location	Dates Attended		Course of Study	Diploma or Certificate received	Credit Hours Earned
	From	To			

**EMPLOYMENT/VOLUNTEER RECORD**

**-JOB #1**

Present or Last Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number:		
City:		State:	Zip	Date Started: Mo. Yr.	Date Ended: Mo. Yr.
Number of hours worked per week:	Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving?					

**-JOB #2**

Present or Last Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number:		
City:		State:	Zip	Date Started: Mo. Yr.	Date Ended: Mo. Yr.
Number of hours worked per week:	Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving?					

Last Name: \_\_\_\_\_

**-JOB #3**

Present or Last Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number:			
City:		State:	Zip	Date Started: Mo. Yr.		Date Ended: Mo. Yr.	
Number of hours worked per week:		Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.		
What were your duties?							
Reason for leaving?							

**-JOB #4**

Present or Last Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number:			
City:		State:	Zip	Date Started: Mo. Yr.		Date Ended: Mo. Yr.	
Number of hours worked per week:		Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.		
What were your duties?							
Reason for leaving?							

**-JOB #5**

Present or Last Employer or Company:				Job Title:			
Address:				Name of Supervisor & Phone Number:			
City:		State:	Zip	Date Started: Mo. Yr.		Date Ended: Mo. Yr.	
Number of hours worked per week:		Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.		
What were your duties?							
Reason for leaving?							

Last Name: \_\_\_\_\_

**-JOB #6**

Present or Last Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number:		
City:	State:	Zip	Date Started: Mo. Yr.	Date Ended: Mo. Yr.	
Number of hours worked per week:	Pay at Start: Per	Pay at End: Per		Total Time Employed: Yrs. Mos.	
What were your duties?					
Reason for leaving?					

**REFERENCES (two non-relative; one relative)**

NAME:	ADDRESS:	PHONE NUMBER
n o n - r e l a t i v e		
n o n - r e l a t i v e		
r e l a t i v e		

Last Name: \_\_\_\_\_

## Please Read Before Signing

### EQUAL OPPORTUNITY EMPLOYERS

The City of Mossyrock and Mossyrock Police Department is an Equal Opportunity Employer and, therefore, do not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age, marital status or veteran's status and any other legally protected status.

Note: The City of Mossyrock and Mossyrock Police Department do not discriminate on the basis of disability status in their programs or activities as it regards:

- 1) admission or access to programs or activities; or
- 2) treatment or employment in their programs or activities.

### APPLICANT STATEMENT

I understand that:

- any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- as a **CONDITION OF EMPLOYMENT**, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.
- if I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a **CONDITION OF EMPLOYMENT**.
- all City employees, regardless of status, are subject to Reasonable Suspicion, Return to Duty, and unannounced Follow-up Drug and Alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- if hired, probationary, temporary and reserve employees have no rights to regular or status employment or appeal rights, if terminated.

Separate applications are required for each vacant position, including those with the same title. Photocopies of the job application are permitted. I, understand that applications submitted for the general file and not for a specific position will be kept on active file for six months and can be activated by me when I want to be considered for one specific position by contacting the City of Mossyrock, City Hall Office during the open recruitment period, unless specifically waived in writing. **THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.**

**OFFICIAL OATH:** If hired, I, solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Washington, and that I will faithfully and impartially discharge the duties of the position according to law and to the best of my ability.

This application must be signed and dated for consideration of employment.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.  
READ CAREFULLY BEFORE SIGNING.

To Whom It May Concern:

I, the undersigned, authorize you to furnish to the Mossyrock Police Department or it's representatives any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, Polygraph exam and results, my educational background and records, my financial status, and such other information and records you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the City of Mossyrock and/or the Mossyrock Police Department or its representatives. Your reply will be used to assist the police department or it's representatives in determining my qualifications and fitness for the position I am seeking/maintaining with the City of Mossyrock and/or the Mossyrock Police Department.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552a, the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights, understanding that the information furnished will be used by the City of Mossyrock and/or Mossyrock Police Department or it's representatives in conjunction with employee procedures. I will make no attempt to gain access to the information provided by you to the City of Mossyrock or it's representatives in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to the City of Mossyrock and/or Mossyrock Police Department or it's representatives in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage, which may result from furnishing information to the City of Mossyrock and/or Mossyrock Police Department pursuant to this waiver and authorization to release information.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Social Security #      DOB

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_  
My Commission Expires on \_\_\_\_\_

Applicant Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.