

Application for Employment

City of South Bend
1102 W. First Street, South Bend, WA 98586

Phone: (360) 875-5571 or Fax: (360) 875-4009

www.southbend-wa.gov

“AN EQUAL OPPORTUNITY EMPLOYER”

IMPORTANT: THIS APPLICATION MUST BE USED FOR ONE POSITION ONLY. IF YOU WISH TO APPLY FOR OTHER POSITIONS WITH THE CITY OF SOUTH BEND YOU MUST SUBMIT AN ORIGINAL APPLICATION FOR EACH POSITION. COMPLETE THIS APPLICATION USING TYPEWRITER OR PRINT CLEARLY WITH A PEN. ANSWER ALL QUESTIONS AND BE THOROUGH. YOUR ANSWERS DETERMINE WHETHER YOU WILL BE CONSIDERED FURTHER. YOUR COMPLETED APPLICATION AND ANY ADDITIONAL INFORMATION SPECIFIC IN THE ANNOUNCEMENT MUST BE RECEIVED BY THE CITY OF SOUTH BEND NO LATER THAN 4:00 PM ON THE CLOSING DATE SPECIFIED IN THE ANNOUNCEMENT. INCOMPLETE OR UNSIGNED APPLICATIONS CANNOT BE PROCESSED. PLEASE ADVISE THE CITY OF SOUTH BEND OF ANY CHANGES IN YOUR ADDRESS OR PHONE NUMBER.

POSITION APPLIED FOR:		OFFICE/DEPARTMENT:	
HOW DID YOU LEARN OF THIS POSITION? PLEASE BE SPECIFIC.			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
STREET/MAILING ADDRESS:		CITY, STATE AND ZIP:	
HOME PHONE (INCLUDING AREA CODE):		DAYTIME TELEPHONE (INCLUDING AREA CODE):	
DO YOU HAVE RESPONSIBILITIES THAT WOULD PREVENT YOU FROM TRAVELING, WORKING UNUSUAL HOURS OR OVERTIME, IF REQUIRED BY THE JOB? YES <input type="checkbox"/> NO <input type="checkbox"/>		NAME AND TELEPHONE NUMBER OF PERSON WHO CAN ALWAYS REACH YOU (INCLUDING AREA CODE) AND CITY	
WILL YOU ACCEPT (CHECK IF YES)? FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> ON CALL <input type="checkbox"/>		DAYS OR HOURS UNWILLING/UNABLE TO WORK	
ARE YOU NOW OR HAVE YOU BEEN EMPLOYED BY THE CITY OF SOUTH BEND? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, GIVE JOB TITLE, DEPARTMENT AND DATES OF EMPLOYMENT.	
DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF SOUTH BEND? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, GIVE NAME, OFFICE/DEPARTMENT AND RELATIONSHIP.	
CAN YOU PROVIDE PROOF OF CITIZENSHIP, VISA OR ALIEN REGISTRATION NUMBER UPON EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		A VALID DRIVER'S LICENSE IS REQUIRED ONLY WHERE SO STATED ON JOB DESCRIPTION. DO YOU POSSESS A VALID DRIVER'S LICENSE? YES <input type="checkbox"/> (STATE ___) NO <input type="checkbox"/>	
HAVE YOU SERVED ON ACTIVE DUTY IN THE MILITARY SERVICES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, GIVE BRANCH AND ACTIVE DUTY DATES.	
PER RCW 41.04.010 CERTAIN VETERANS ARE ELIGIBLE FOR VETERAN'S PREFERENCE. DO YOU QUALIFY FOR THIS PREFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU OBTAINED EMPLOYMENT IN THIS STATE THROUGH THE USE OF VETERAN'S PREFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU CLAIM VETERAN'S PREFERENCE FOR THIS EXAMINATION? YES <input type="checkbox"/> NO <input type="checkbox"/>	

A CONVICTION RECORD WILL NOT NECESSARILY BAR OR DISQUALIFY YOU FROM EMPLOYMENT.

HAVE YOU BEEN CONVICTED WITHIN THE LAST 7 YEARS OF ANY CRIMINAL OFFENSE INVOLVING MORAL TURPITUDE OR TAKING MONEY OR PROPERTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, GIVE OFFENSE(S) AND DATE(S).
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVED A GED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YOU, DATE _____	NAME AND LOCATION OF HIGH SCHOOL ATTENDED.

COLLEGES, TRADE SCHOOLS, OTHER SCHOOLS ATTENDED	DATES ATTENDED		FULL OR PART TIME	CREDITS EARNED	MAJOR	TYPE OF DEGREE	DATE OF DEGREE
NAME AND LOCATION	FROM	TO		SEM(S) OR QTR (Q)			

OTHER COURSES AND TRAINING	NAME OF INSTITUTION/LOCATION	TYPE OF COURSE	LENGTH OF COURSE	DATE ENDED

PROFESSIONAL LICENSES, CERTIFICATES	STATE ISSUED	LICENSE NUMBER	DATE ISSUED	EXPIRATION DATE

OFFICE EQUIPMENT SKILLS

COMPUTER OPERATION			KEYBOARDING SPEED			SOFTWARE FAMILIARITY		
YES	NO	TYPE		WORD PROCESSING	SPREADSHEET	DATEBASE	PRESENTATION	INTERNET

CALCULATOR		10-KEY BY TOUCH		CASHIERING		BOOKKEEPING	
YES	NO	YES	NO	YES	NO	YES	NO

LIST ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, OR WRITE, ANY ADDITIONAL SKILLS OR ABILITIES YOU POSSESS, OR MACHINES AND EQUIPMENT YOU CAN OPERATE:

EMPLOYMENT HISTORY: LIST WORK RECORD FOR THE PAST 10 YEARS INCLUDING SELF-EMPLOYMENT AND U.S. MILITARY SERVICE STARTING WITH YOUR MOST RECENT EXPERIENCE. LIST EACH PROMOTION SEPARATELY. HOWEVER, IF YOUR WORK EXPERIENCE BEYOND 10 YEARS IS RELATED TO THE POSITION YOU ARE APPLYING FOR, PLEASE INDICATE IT. BE AS COMPLETE AS POSSIBLE IN DESCRIBING THE WORK PERFORMED AND THE NUMBER OF TITLES AND EMPLOYEES SUPERVISED, IF ANY. JOB RELATED VOLUNTEER EXPERIENCE MAY BE INCLUDED.

REPRINT PAGE FOR ADDITIONAL SHEETS AS NECESSARY

<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOTIFY ME FIRST					
FROM (MO & YR)	YOUR MOST RECENT POSITION	EMPLOYER'S NAME		NAME & TITLE OF SUPERVISOR	
TO (MO & YR)	ADDRESS	CITY	STATE	ZIP	PHONE
TOTAL YRS/MOS WORKED	PRIMARY DUTIES				
HOURS WORKED EACH WEEK					
	NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:				
	REASON FOR LEAVING OR CONSIDERING CHANGE:				

<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOTIFY ME FIRST					
FROM (MO & YR)	YOUR MOST RECENT POSITION	EMPLOYER'S NAME		NAME & TITLE OF SUPERVISOR	
TO (MO & YR)	ADDRESS	CITY	STATE	ZIP	PHONE
TOTAL YRS/MOS WORKED	PRIMARY DUTIES				
HOURS WORKED EACH WEEK					
	NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:				
	REASON FOR LEAVING OR CONSIDERING CHANGE:				

LIST ANY THREE NON-RELATIVES WHO WOULD BE WILLING TO PROVIDE A REFERENCE FOR YOU.

NAME	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	
RELATIONSHIP	

NAME	
ADDRESS	
CITY/STATE/ZIP	

TELEPHONE	
RELATIONSHIP	

NAME	
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	
RELATIONSHIP	

PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED, INCLUDING WHETHER YOU ARE BOUND BY ANY AGREEMENT WITH ANY CURRENT EMPLOYER.

- INITIALS 1) I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
- 2) I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
- 3) I AUTHORIZE MY FORMER EMPLOYER(S), AS MARKED TO CONTACT, TO FURNISH THE CITY OF SOUTH BEND WITH PERSONNEL INFORMATION REQUESTED BY THE CITY OF SOUTH BEND. I RELEASE MY FORMER EMPLOYER(S) FROM ANY LIABILITY THAT MAY ARISE AS A RESULT OF THEIR PROVIDING SUCH INFORMATION TO THE CITY OF SOUTH BEND.
- 4) I UNDERSTAND THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) THIS MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION OF EMPLOYMENT OR DISCHARGE.
- 5) I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF SOUTH BEND.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

AFFIRMATIVE ACTION DATE

IT IS THE POLICY OF THE CITY OF SOUTH BEND TO PROVIDE EQUAL OPPORTUNITY IN ALL TERMS, CONDITIONS AND PRIVILEGES OF EMPLOYMENT FOR ALL QUALIFIED JOB APPLICANT AND EMPLOYEES WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, MARITAL STATUS, PHYSICAL, MENTAL, OR SENSORY HANDICAP, OR VETERAN'S STATUS INCLUDING DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

TO HELP US COMPLY WITH GOVERNMENT RECORDKEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THE AFFIRMATIVE ACTION DATA BELOW. PROVIDING THIS INFORMATION IS VOLUNTARY AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FORM.

IN ACCORDANCE WITH INITIATIVE 200 THIS INFORMATION IS USED ONLY WHEN FEDERAL FUNDING IS INVOLVED.

Sex: Male Female

Handicapped Status: Yes No

Disabled Veteran: Yes No

Vietnam Era Veteran: Yes No

Veteran, Other: Yes No

Ethnic Origin:

- (A) WHITE/CAUCASIAN – Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, other than Hispanic.
- (B) AFRICAN AMERICAN/BLACK – Persons having origins in any of the Black racial groups of Africa.
- (C) HISPANIC – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- (D) ASIAN/PACIFIC ISLANDER – Persons having origins in the original peoples of eastern Asian, Southeast Asian, the Indian Subcontinent or the Pacific Islands.
- (E) AMERICAN INDIAN/ALASKA NATIVE – Persons having origins in the original peoples of North American who maintain cultural identification through tribal affiliation or community recognition, including Alaskan Natives.
- (F) OTHER, List _____

POSITION _____ DATE _____

NAME _____

DATE OF BIRTH _____