

230 2nd Street, Raymond, Washington 98577
 360.942.4100, www.cityofraymond.com

Print or type all information clearly. 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 Raymond 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 Raymond of any changes in your address or phone number.

EMPLOYMENT DESIRED		
POSITION APPLIED FOR:	OFFICE/DEPARTMENT:	DATE AVAILABLE FOR WORK:
HOW DID YOU LEARN OF THIS POSITION? PLEASE BE SPECIFIC:		
AVAILABLE FOR (CHECK ALL THAT APPLY): FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> ON CALL <input type="checkbox"/>	WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$ _____ PER _____	

PERSONAL INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
OTHER NAMES YOU MAY GO BY:	ARE YOU 18 YEARS OF AGE OR OLDER (21 YEARS OF AGE OR OLDER FOR POLICE APPLICANTS)? YES <input type="checkbox"/> NO <input type="checkbox"/>	SOCIAL SECURITY NUMBER:	
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):		
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF RAYMOND? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE JOB TITLE, DEPARTMENT: DATES OF EMPLOYMENT:		
DO YOU HAVE ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WORKING FOR THE CITY OF RAYMOND? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, 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"/> NO <input type="checkbox"/>		
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	CLASSIFICATION
DO YOU AUTHORIZE THE CITY OF RAYMOND TO INVESTIGATE YOUR DRIVING RECORD? IF YES, THE CITY MAY, AT ITS DISCRETION, OBTAIN AN ABSTRACT OF YOUR DRIVING RECORD FROM THE APPLICABLE DEPARTMENT OF DRIVERS LICENSING. YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE			
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 RANK AT SEPERATION:	DATES OF MILITARY SERVICE:	
LIST ANY SPECIALIZED TRAINING RECEIVED:		LIST ANY MEDALS, COMMENDATIONS OR AWARDS RECEIVED:	
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"/>	
IF YOU ARE CLAIMING PREFERENCE AS A VETERAN OR DISABLED VETERAN, YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER.		VETERAN'S POINTS CLAIMED: 5 <input type="checkbox"/> 10 <input type="checkbox"/>	

EDUCATION							
DO YOU HAVE A HIGHSCHOOL DIPLOMA OR EQUIVALENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			NAME & LOCATION OF HIGH SCHOOL ATTENDED:				
COLLEGES, TRADE SCHOOLS, OTHER SCHOOLS ATTENDED		DATES ATTENDED		FULL OR PART TIME	CREDITS EARNED SEM(S) OR QTR (Q)	MAJOR	TYPE & DATE OF DEGREE
NAME AND LOCATION		FROM	TO				
OTHER COURSES AND TRAINING	NAME OF INSTITUTION/LOCATION		TYPE OF COURSE		LENGTH OF COURSE		DATE ENDED
LICENSES OR CERTIFICATES	STATE ISSUED		LICENSE NUMBER		ISSUED		EXPIRES

SPECIAL OFFICE SKILLS					
COMPUTER OPERATION YES <input type="checkbox"/> NO <input type="checkbox"/>			SOFTWARE FAMILIARITY:		
KEYBOARDING YES <input type="checkbox"/> NO <input type="checkbox"/>	WPM:	WORD PROCESSING YES <input type="checkbox"/> NO <input type="checkbox"/>	SPREADSHEET YES <input type="checkbox"/> NO <input type="checkbox"/>	DATABASE YES <input type="checkbox"/> NO <input type="checkbox"/>	PRESENTATION YES <input type="checkbox"/> NO <input type="checkbox"/>
10-KEY CALCULATOR YES <input type="checkbox"/> NO <input type="checkbox"/>	CASHIERING YES <input type="checkbox"/> NO <input type="checkbox"/>	BOOKKEEPING YES <input type="checkbox"/> NO <input type="checkbox"/>	WEBPAGE DESIGN YES <input type="checkbox"/> NO <input type="checkbox"/>		
LIST ANY FOREIGN LANGUAGE YOU CAN SPEAK, READ, OR WRITE, ANY ADDITIONAL SKILLS OR ABILITIES YOU POSSESS, OR MACHINES AND EQUIPMENT YOU CAN OPERATE:					

SPECIAL FIELD SKILLS
LIST ANY LIGHT OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE AND YEARS OF EXPERIENCE:
OTHER SKILLS THAT MAY QUALIFY YOU FOR THE POSITION:

MISCELLANEOUS INFORMATION
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU ABLE TO PERFORM ALL JOB DUTIES ASSOCIATED WITH THE POSITION IN WHICH YOU HAVE APPLIED? WITH OR WITHOUT ACCOMODATIONS? PLEASE CHECK: YES <input type="checkbox"/> NO <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT <input type="checkbox"/>

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.

EMPLOYMENT HISTORY				
EMPLOYERS' NAME:		NAME & TITLE OF SUPERVISOR:		
<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		PHONE:	
FROM (MONTH & YEAR):	JOB TITLE:			
TO (MONTH & YEAR):	ADDRESS	CITY	STATE	ZIP
TOTAL YEARS/MONTHS:	PRIMARY DUTIES:			
HOURS WORKED EACH WEEK:				
STARTING SALARY: \$	NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:			
LASTING SALARY: \$	REASON FOR LEAVING OR CONSIDERING CHANGE:			

EMPLOYERS' NAME:		NAME & TITLE OF SUPERVISOR:		
<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		PHONE:	
FROM (MONTH & YEAR):	JOB TITLE:			
TO (MONTH & YEAR):	ADDRESS	CITY	STATE	ZIP
TOTAL YEARS/MONTHS:	PRIMARY DUTIES:			
HOURS WORKED EACH WEEK:				
STARTING SALARY: \$	NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:			
LASTING SALARY: \$	REASON FOR LEAVING OR CONSIDERING CHANGE:			

EMPLOYERS' NAME:		NAME & TITLE OF SUPERVISOR:		
<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		PHONE:	
FROM (MONTH & YEAR):	JOB TITLE:			
TO (MONTH & YEAR):	ADDRESS	CITY	STATE	ZIP
TOTAL YEARS/MONTHS:	PRIMARY DUTIES:			
HOURS WORKED EACH WEEK:				
STARTING SALARY: \$	NUMBER AND TITLES OF EMPLOYEES SUPERVISED BY YOU:			
LASTING SALARY: \$	REASON FOR LEAVING OR CONSIDERING CHANGE:			

PROFESSIONAL REFERENCES

LIST THREE PROFESSIONAL OR BUSINESS REFERENCES WHO ARE NOT RELATED TO YOU OR EMPLOYEES OF THE CITY OF RAYMOND.
STATE THE NATURE OF YOUR BUSINESS RELATIONSHIP (I.E., CO-WORKER, SUPERVISOR, ASSOCIATE)

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 RAYMOND WITH PERSONNEL INFORMATION REQUESTED BY THE CITY OF RAYMOND. I RELEASE MY FORMER EMPLOYER(S) FROM ANY LIABILITY THAT MAY ARISE AS A RESULT OF THEIR PROVIDING SUCH INFORMATION TO THE CITY OF RAYMOND.
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 RAYMOND.

SIGNATURE OF APPLICANT: _____ DATE: _____

AFFIRMATIVE ACTION DATE

IT IS THE POLICY OF THE CITY OF RAYMOND 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 _____