



City of Raymond

WASHINGTON

EMPLOYMENT APPLICATION

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

*Print or type all information clearly. 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:	
PHONE (INCLUDING AREA CODE):		EMAIL:	
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: _____

Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is **voluntary**, and information will be kept confidential to the extent possible. As of June 11, 2020, the following information collected on this form is **protected from public disclosure** at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

1. Name (Last, First, Middle Initial)	2. Personnel ID Number	3. Date
<i>Please see next page for definitions</i>		
4. Are you age 40 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Birthdate _____	5. Gender Identity Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/>	6. Gender Designation for Health Insurance Purposes (Used by doctors for billing) Female <input type="checkbox"/> Male <input type="checkbox"/>
7. Are you a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</small>	8. Do you identify as LGBTQ+? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Information used to account for workforce representation.</small>	
9. What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply.		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White
Veteran and Military Spouse Information – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran’s preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>		
10. Veteran Status? Select <u>all</u> that apply.		
Are you an Eligible Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, discharge date: _____
Are you a Vietnam Era Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of discharge: _____
Are you a Veteran w/service-connected disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Special Disabled Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Are you currently a member of the reserve component, including the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were you called to active duty from employment with the state? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11a. If yes, dates: _____ to _____ and		11b. Type of Discharge: _____
12. Are you a military spouse or military registered domestic partner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Date	

Submit completed form to your agency’s Human Resources Office.

For more information on HRMS entry of this form: [OFM Personal Data Job Aid](#).

For Imaging Only	Personnel ID	Doc Date	Section	Doc Type	Sub Doc Type	HR Rep
			AA	Form	AA Profile	

Employee Affirmative Action and Demographic Data Definitions

Person with a Disability ([U.S. EEOC & ADA Amendments Act of 2008](#), September 2008):

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

Gender Designation for Health Insurance Purposes (Used by doctors for billing): This data is used to meet current requirements for Medicare federal reporting and eligibility determinations, meet health plan vendor requirements, ensure coordination of benefits and efficient claims processing. Please choose the option in this field that you would like your medical provider(s) to use to determine insurance coverage and facilitate claims processing for your health care services.

Gender Identity (Washington State DEI Foundational Definitions)

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

Gender "X" ([WA State Dept. of Health](#))

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

LGBTQ+ ([Governor's Interagency Council on Health Disparities](#))

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

Race and Culture ([US Census Bureau, Race & Ethnicity, January 2017](#))

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Hispanic or Latino/a/x: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Veterans (Title 38 U.S.C., [Executive Order 19-01](#))

Eligible Veteran, 38 U.S.C. 4211 (4): (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

Discharge Date: The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4): A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Veteran, 38 U.S.C. 4211 (3): A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Special Disabled Veteran: A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

Reserve Component, 38 U.S.C. 101 (7): Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01: A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.