

Mayor  
Scott Korthuis

# CITY OF LYNDEN



Council Members:  
Gary Bode  
Dave Burns  
Ron De Valois  
Tobey Gelder  
Gerald Kuiken  
Nick H. Laninga  
Brent Lensen

300 4th Street  
Lynden, Washington 98264  
www.lyndenwa.org

City Administrator  
Bill Verwolf

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

It is the policy of the City of Lynden to afford equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants for employment regardless of race, creed, color, sex, sexual orientation, age, marital status, familial status, veteran status, and national origin as well as individuals with disabilities. The City of Lynden also promotes a drug-free and smoke-free work environment. Reasonable accommodations will be provided to applicants with advance notice to Human Resources.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non job-related information.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Position applying for: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work/Message Phone No. \_\_\_\_\_

E-mail (optional) \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Preferred method to be contacted:  Home Phone  Work/Message Phone  E-mail  Cell Phone

Available for: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) Yes  No

Social Security # (optional) \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

### EDUCATION

Name and City	Major/Subject	Circle Last Year Attended	Diploma/GD/Degree
High School:		1 2 3 4	
College:		1 2 3 4	
Graduate School:		1 2 3 4	
Business, Trade, Other:		1 2 3 4	

**SKILLS**

(Important, check all items and equipment that you can operate.)

Keyboard     Calculating Machine     Fax Machine     Radio (describe) \_\_\_\_\_  
 \_\_\_\_\_wpm     Copying Machines     Dictaphone    \_\_\_\_\_

Computer (list programs in which you have experience) \_\_\_\_\_  
 \_\_\_\_\_

Heavy Equipment (please describe) \_\_\_\_\_

Only if you will be driving City vehicles: Do you have a valid Washington State Driver's License? Yes  No

CDL License? Yes  No  If yes, describe: \_\_\_\_\_

What skills or additional training do you have that relate to the job for which you are applying?  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK HISTORY**

(Include Full-time or Part-time Jobs, Summer Jobs, Businesses of Your Own, Volunteer Work) List below current and former employers, beginning with the most recent. Attach separate sheets if necessary.		
(1) Employer:	Address/City/State/Zip:	Employment Dates: From:
Job Title:	Duties:	To:
Starting Salary:      Ending Salary:		
Supervisor:	Reason for Leaving:	
Phone:		
(2) Employer:	Address/City/State/Zip:	Employment Dates: From:
Job Title:	Duties:	To:
Starting Salary:      Ending Salary:		
Supervisor:	Reason for Leaving:	
Phone:		
(3) Employer:	Address/City/State/Zip:	Employment Dates: From:
Job Title:	Duties:	To:
Starting Salary:      Ending Salary:		
Supervisor:	Reason for Leaving:	
Phone:		

Have you worked or attended school under any other name? Yes  No .

If yes, give names: \_\_\_\_\_

Are you presently employed? Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes  No

If yes, please explain: \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment: Yes  No .

If yes, please explain: \_\_\_\_\_

### REFERENCES (Optional)

If you so desire you may list up to two individuals, other than relatives or the Supervisors listed above, who have first hand knowledge of your qualifications for employment.

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

### CRIMINAL CONVICTIONS

Have you been convicted or released from prison in the last seven (7) years, in connection with any offense which might have some bearing on your qualification and fitness to accept the duties and responsibilities of the position for which you are applying? Yes  No

If yes, please provide details and/or comments: \_\_\_\_\_

### CONDITIONS OF EMPLOYMENT:

Applicant agrees to the following **Conditions of Employment:**

1. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
2. Meet minimum or maximum age requirements of applicable laws and submitting proof of true age, if required.
3. In accordance with the Immigration Reform and Control Act, Section 274A, all new employees must show employment authorization to work in the United States and verify identity. Applicants are advised that this documentation must be submitted within 72 hours of the date of hire. This is a condition of employment with the City of Lynden. New employees will be advised of acceptable documents to verify identity and work authorization.
4. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
5. Complete and execute surety bond application, if required.
6. Meet attendance and performance requirements; conform to agency rules, regulations and instructions.
7. Current Washington State drivers license if operating city vehicle, and required Department of Motor Vehicle (DMV) background check on driving violations.
8. Criminal background check if required by position.

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Received By \_\_\_\_\_ Date/Time \_\_\_\_\_

(This application for employment will remain active for a limited time. Ask the organization representative for details.)

Application for Employment  
1-8-2010

## GENERAL INFORMATION FOR APPLICANTS

### APPLICATIONS

Applicants are responsible for the truth of all statements. Misrepresentation and incomplete or inaccurate entries may be the cause of application rejection, removal from the employment list or discharge from the City of Lynden. Applicants must notify the City of Lynden immediately of any address or telephone change. All applications are to be submitted together with a cover letter and a resume.

### EMPLOYEE BENEFITS

Paid Leave: Full-time City of Lynden employees accrue twelve 8-hour paid holidays per year and twelve 8-hour paid sick days per year. Full-time employees also accrue paid vacation leave in the amount of 80 hours during the first year with bonus hours earned after the completion of each additional year of employment up to a maximum of 160 hours vacation after completing the 10<sup>th</sup> year with the City. Part-time regular employees working 80 hours and more per month receive pro-rated leave, to include sick leave, vacation leave and holiday pay. Temporary, seasonal, and employees working less than 80 hours per month do not receive paid leave.

Payroll/Direct Deposit: This optional plan will deposit your paycheck directly into your bank account of choice.

Retirement: Most City of Lynden full-time positions, some part-time regular positions, and some seasonal positions require participation in the Washington State Department of Retirement Systems which requires shared employee/employer contributions according to current rates.

Insurance Plans: Medical/prescription, dental and vision insurance coverages are offered to full-time, regular City employees. These benefits cover both the employee and his/her eligible dependents. Employees working less than 80 hours per month, and seasonal and temporary employees are not covered by these plans.

The City also sponsors an optional flexible benefit/cafeteria plan that allows employees, at their expense, to participate in fringe benefit programs using pre-tax dollars.

Additional insurance benefits include unemployment insurance, Social Security and industrial insurance. Both Social Security and industrial insurance require a shared employee/employer premium contribution according to current rates.

Deferred Compensation Plans: The City offers two deferred compensation plans for its full-time, regular employees: Nationwide and ICMA (International City Managers Association). These programs are optional and require contributions from the employee only.

### EMPLOYMENT

Hours of Work: Most full-time City of Lynden employees have a work week of 40 hours; however, positions may require shift work, overtime, and weekend work.

Salary Increases: The City of Lynden provides for a regular progression of salary increases based on cost of living, satisfactory job performance for non-bargaining employees, and a regular salary progression for most bargaining positions as negotiated between the City of Lynden and the General Teamsters Local Union 231, the International Association of Machinists and Aerospace Workers, Lodge 160 (Police Uniformed Managers Unit), or the International Association of Firefighters (Firefighters Unit).

Union Affiliation: Job classifications covered by union security provisions require union membership and payment of dues and fees.

Trial Period: When first beginning a new or different position, regular, full-time and part-time status employees are subject to successful completion of a trial period of six (6) months; except police officers and firefighters whose trial periods are one (1) year. Temporary and seasonal employees are subject to a trial period of less than six (6) months, the length of said period being dependent upon the expected length of employment.

***NOTE: The provisions of this bulletin do not constitute an expressed or implied contract. Any provision contained herein may be modified and/or revoked without notice.***

**Contact Human Resources for further information:**

**City of Lynden  
Human Resources  
300 4<sup>th</sup> Street  
Lynden, WA 98264  
(360-354-1170)**