

CITY OF LYNDEN EMPLOYMENT APPLICATION



Position applying for:

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

| | | |
|---------------------|-------------|---------------|
| Name (Last) | (First) | (M.I.) |
| Address (Street) | (City) | (State) (Zip) |
| Telephone (Primary) | (Secondary) | Email Address |

Do you have the legal right to work in the U.S.? Yes No
Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

Are you available to work: Full-time Part-time Temporary

Please list the hours and days of the week you are available:

Have you ever been dismissed, discharged, fired or asked to resign from a position? Yes No
 If yes, please explain.

City policy prohibits employees from being supervised by a relative. Are you related to any current City of Lynden employee? Yes No
 If yes, please indicate employee name:

| Education | | | |
|-----------------------------------|-------------------|-----------------|--|
| Type of School | School & Location | Years Completed | Degree/Certificate <i>(Include year earned for higher level degrees for verification purposes.)</i> |
| High School | | | |
| College or University Studies | | | |
| Graduate School | | | |
| Business or Tech. School | | | |
| Other Relevant Training / Courses | | | |

License/Registration/Certificate

| Description | State | Number | Expiration |
|-------------|-------|--------|------------|
| | | | |
| | | | |

Work History

Begin with your most recent experience. List all jobs separately (including military) and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

If employment was under different name, indicate name:

| | | |
|--------------------------------------|--|-----------------|
| CURRENT/MOST RECENT EMPLOYER: | FROM: / / | TITLE: |
| | TO: / / | PRIMARY DUTIES: |
| HOURS / WEEK: | | |
| ADDRESS: | SUPERVISOR: | |
| | REASON FOR LEAVING: | |
| SUPERVISOR'S PHONE #: | DO YOU HAVE A CONCERN IF WE CONTACT EMPLOYER? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ | |

| | | |
|-----------------------|--|-----------------|
| EMPLOYER: | FROM: / / | TITLE: |
| | TO: / / | PRIMARY DUTIES: |
| HOURS / WEEK: | | |
| ADDRESS: | SUPERVISOR: | |
| | REASON FOR LEAVING: | |
| SUPERVISOR'S PHONE #: | DO YOU HAVE A CONCERN IF WE CONTACT EMPLOYER? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ | |

| | | |
|-----------------------|--|-----------------|
| EMPLOYER: | FROM: / / | TITLE: |
| | TO: / / | PRIMARY DUTIES: |
| HOURS / WEEK: | | |
| ADDRESS: | SUPERVISOR: | |
| | REASON FOR LEAVING: | |
| SUPERVISOR'S PHONE #: | DO YOU HAVE A CONCERN IF WE CONTACT EMPLOYER? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ | |

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 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.**

I understand that I must meet minimum or maximum age requirements of applicable laws and submitting proof of true age, if required.

I understand that 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.

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.

I understand that a complete and execute surety bond application may be required.

I understand that I must meet attendance and performance requirements; conform to agency rules, regulations and instructions.

I understand that I must have a current Washington State driver's license if operating city vehicle, and required Department of Motor Vehicle (DMV) background check on driving violations.

I understand that a criminal background check may be required by position.

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

Signature of Applicant

Date

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