

CITY OF OTHELLO



EMPLOYMENT APPLICATION

Applications will be processed only when the City of Othello has announced a recruitment and the closing date has not passed. The City of Othello will not process unsolicited applications for employment nor will it retain applications for future consideration. The City of Othello is an EEO employer and does not discriminate in any employer/employee relations based on race, color, religion, sex, sexual orientation, national origin, age marital status, disability, genetic information, veteran's status or any other basis protected by applicable discrimination laws.

PRINT or TYPE.

APPLICANT'S NAME (Last)		(First)	(M.I.)	
MAILING ADDRESS (Number and Street)			DAYTIME TELEPHONE NUMBER	
(City)	(State)	(Zip Code)	MESSAGE TELEPHONE NUMBER	
POSITION FOR WHICH YOU ARE APPLYING			PERSONNEL USE ONLY	
1. GENERAL				
A. Are you currently employed by the City of Othello?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Can you perform essential functions of this position with/without reasonable accommodation?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Are you available to work evenings and weekends if necessary?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. The City of Othello is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten years, or been convicted of a misdemeanor other than minor traffic offenses within the past three years? If yes, please explain _____			<input type="checkbox"/> YES	<input type="checkbox"/> NO
E. Have you ever been dismissed or fired from a position for any reason? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
F. Have you ever resigned from or quit a position while under investigation or after being informed that discipline would be taken against you, or during an appeal of a disciplinary action? (A "YES" answer will not automatically bar you from further consideration--provide details in Item H.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
G. Are you legally eligible for employment in the United States?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
H. EXPLANATIONS (Please feel free to attach additional pages as necessary): Do any convictions of a crime within the last ten years involve behavior that would adversely affect job performance?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
I. Do you possess a valid Driver's License? (If "YES", fill in the information below.) State issued by: _____ Describe any applicable endorsements or restrictions:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
J. Do you have any relatives who work for the City of Othello? (If "YES", provide the name(s) below.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. EDUCATIONA. Check the highest grade completed: ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

B. If you did not complete high school, do you have a high school equivalency diploma?

☐ YES☐ NOC. Check the number of years of post-secondary education: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

	Name and Location of Institution	Units Completed	Dates Attended	Course of Study	Degree, Diploma or Certificate Obtained
1)					
2)					
3)					
4)					
5)					

D. List below valid licenses or certificates of professional or vocational competence relevant to this application.

	License/Certificate	License/Certificate Number	Expiration Date
1)			
2)			
3)			
4)			

3. EMPLOYMENT HISTORY--Starting with the most recent, describe ALL paid, military, and applicable volunteer experience. If you do not have adequate space on this form to provide a complete work history, please attach a resume.

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			

From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	
Address		Phone	
Duties			
Reason for Leaving			
From	To	Job Title	
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization	

	Address	Phone
Duties		
Reason for Leaving		

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

From	To	Job Title
Hours per Week	Overtime Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company/Organization
Address		Phone
Duties		
Reason for Leaving		

4. REFERENCES--Please list three professional references who know about your qualifications.			
Name	Address	Daytime Phone	Relationship
A.			
B.			
C.			
D. May we contact your current employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. MISCELLANEOUS			
A. When will you be available to start work?			
6. NOTICES			
<ul style="list-style-type: none"> • If you are employed by the City of Othello, you will be required to establish your identity and authorization to work in the United States, as required by the Immigration Reform and Control Act. • The City of Othello is a smoke and drug free work place. You may be required to complete a drug test prior to employment and may be subject to random drug testing after employment (safety sensitive positions only). • If you are unable to complete the application process due to disability, the City of Othello will provide reasonable accommodations to assist you. • Please do not submit an identification photo; if needed, we will obtain one after hire. 			
7. CERTIFICATION			
<p>I hereby certify that the information provided by me in this application for employment is true, correct, and complete. I understand that any misstatement, failure to answer fully or omission of fact in this application may result in my not being considered in the selection process or may result in my dismissal after hire. I understand that acceptance of an offer of employment does not create a contractual obligation upon the City of Othello to continue to employ me in the future. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons or vulnerable adults, the City of Othello is required to complete a thorough background check as authorized by the Child/Adult Abuse Information Act. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Othello official is intended to create an employment contract between the City of Othello and me. For determination of my potential employment eligibility, I hereby authorize release of educational, police, criminal, employment and reference information pertinent to the position for which I am applying. I further authorize the City of Othello to rely upon and use, as it sees fit, any information received from such contacts.</p>			
NAME	Signature		Date

MAIL or DELIVER your completed application to:

City Administration Office
 City of Othello
 500 E Main St
 Othello, WA 99344



RELEASE OF INFORMATION

I certify that the information given by me to the City of Othello is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Othello's interest, nor will I become engaged in such activity or business if employed.

I authorize the City of Othello to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Othello from any liability for future references it may provide regarding my work history at the City.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the City of Othello or myself. I understand that no representative of the City of Othello, other than the City Administrator or Mayor, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the City of Othello advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the City of Othello's property, the City of Othello is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant

Date

Othello Civil Service Commission
WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

NOTICE: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

To Whom It May Concern:

I authorize you to furnish the Othello Police Department with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, my military records and my financial status. I further authorize the Othello Police Department to obtain any criminal history records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Othello Police Department in determining my qualifications and fitness for the position I am seeking with the department. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and waive these rights with the understanding that information furnished will be used by the Othello Police Department in conjunction with employment procedures.

I hereby release you, your organization, and others from any liability or damage that may result from furnishing the information requested.

A photocopy of this authorization shall be as valid as the original.

Print Name

Signature

Address

Date

State of _____:

County of _____:

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Witness my hand and official seal

Commission expires: _____