

City of Castle Rock

PO Box 370
Castle Rock, WA 98611
(360) 274-8181



Application for Employment

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodation will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.

Applicant Name: First	Middle	Last	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Social Security Number	
Position(s) Applied For	Date of Application		
Salary Expected			

How did you learn about the City of Castle Rock?

- Advertisement – Specify: _____
- Employment Agency – Specify: _____
- Employee Referral – Which employee? _____
- Other – Specify: _____

Have you applied for a position with the City before? Yes No

If yes, specify date: _____

Have you ever been employed with the City before? Yes No

Are you currently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

On what date would you be available for work? _____

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

Can you travel for work if necessary? Yes No

Are you legally permitted to work in the United States? Yes No

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older? Yes No

Are you willing to take drug tests at the City's request? Yes No

Have you ever gone by a name other than the one listed above? No Yes

If yes, please list: _____

EDUCATION

List the last three schools attended.

Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

NOTE: If you answered "no" to the above question, please skip the rest of this section.

What was the length of your military service? _____ years, _____ months

What was your rank at the time of discharge? _____

What type of training and work experience did you receive while in the military?

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Describe how you most benefited from being in the service:

--

Describe how you least benefited from being in the service:

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EMPLOYMENT HISTORY

Employer

Supervisor

--	--

Address

Phone

--	--

Position Title and Duties

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Starting Date

Ending Date

Starting Pay

Ending Pay

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Why did you leave this job? _____

May we contact this employer? Yes No Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job? _____

May we contact this employer? Yes No Later

Employer	Supervisor

Address	Phone

Position Title and Duties

Starting Date	Ending Date	Starting Pay	Ending Pay

Why did you leave this job? _____

May we contact this employer? Yes No Later

REFERENCES

Name	Phone Number	Years Known

ADDITIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation, or other protected status.

Awards or Honors Received:

Professional or Civic Activities:

Licenses or Certifications

Activities or Sports You Participate(d) In

Do you have any foreign language skills? No Yes – Specify: _____

Can you perform all necessary job functions with or without reasonable accommodation? Yes No

PROFESSIONAL PROFILE

Please answer all questions in this section. You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation, or other protected status.

What are your main areas of professional interest?

Why do you want to leave your current employer (if any)?

Why do you want to work for the City of Castle Rock?

Explain a piece of criticism you have received and how you responded to it.

In what work setting or environment do you prefer to work?

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Explain one of your greatest professional accomplishments and why it was so great.

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Explain a time where you failed and how you dealt with that failure.

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Career Goals and Aspirations

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APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during this application and interview process may lead to refusal to hire or discharge from the City of Castle Rock. If I become employed by the City of Castle Rock, I agree to follow all the rules and regulations of the City of Castle Rock as they develop and change.

I allow the City of Castle Rock to conduct investigations into me, my background, and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the City of Castle Rock to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the City of Castle Rock and release them of liabilities of damages of all kinds for providing this information. I authorize the City of Castle Rock to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the City of Castle Rock for education verification purposes.

I release the City of Castle Rock from liability for collecting information about me and using it to make employment decisions.

If I become employed by the City of Castle Rock, I understand that the employment relationship will be "at will", and that "at will" status may not change at any time.

I agree that if I become indebted to the City of Castle Rock, I will be responsible for repaying the total owed upon termination from the City of Castle Rock. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period, I must apply again.

Signature of Applicant

Date

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