

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: Last	First	Middle	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Email Address	
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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

NOTE: Proof of citizenship or immigration status will be required upon 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

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military

ADDITIONAL INFORMATION

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

List Awards or Honors Received

List Professional or Civic Activities

List Licenses or Certifications

NOTE: DO NOT ANSWER THE NEXT QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

Specifically list the years and/or months experience in the following:
(All responses must relate to the information on your resume and application.)

Clerical Experience	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Years	_____	Months	_____
Customer Service Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____
Cash Handling Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____
Accounting Experience	<input type="checkbox"/>		<input type="checkbox"/>			_____		_____

Explain your experience in cash handling and accounting and the level of responsibility.

Experience in A/R and A/P processing Yes No Years _____ Months _____

Explain your experience, duties and specific level of responsibility.

Experience in assisting difficult customers Yes No Years _____ Months _____

Explain.

Experience in filing and records management Yes No Years _____ Months _____

Explain.

Experience in grant/loan or project management Yes No Years _____ Months _____

Explain.

Ability to multi-task several projects/tasks Yes No Years _____ Months _____

Explain.

10-Key by Touch Experience

Yes

No

Years

Months

Microsoft

Word

Excel

Access

PowerPoint

Explain your specific ability for each.

Financial accounting software

Yes

No

Years

Months

Name of software:

Payroll accounting software

Yes

No

Years

Months

Name of software:

Utility accounting software

Yes

No

Years

Months

Name of software:

Other software program proficiency

Yes

No

Years

Months

Name of software:

Application/Use:

Development of PowerPoint presentations

Yes

No

Years

Months

Explain.

List any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT HISTORY

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?

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May we contact this employer? Yes No Later

Employer

Supervisor

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Address

Phone

--	--

Position Title and Duties

--

Starting Date

Ending Date

Starting Pay

Ending Pay

--	--	--	--

Why did you leave this job?

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May we contact this employer? Yes No Later

If you need additional space, please continue on a separate piece of paper.

REFERENCES

Name

Phone Number

Years Known

Name	Phone Number	Years Known

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?

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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?

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

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

List your career goals and aspirations.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signature below I authorize the following:

- Authorization to check references
- Authorization to conduct a background investigation including criminal conviction record
- Authorization to conduct a Motor Vehicle Record check
- Authorization to verify job-required licenses/certifications

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date