

# APPLICATION FOR EMPLOYMENT TOWN OF NACHES

29 EAST SECOND STREET  
PHONE (509) 653-2647

PO BOX 95

NACHES, WA 98937  
FAX (509) 653-2732

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, qualified individual with disability status, or any other protected status. All applicants are required to complete an application for employment.

THE POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Are you 18 years or older? ( ) Yes  
( ) No

ARE YOU A CURRENT OR FORMER EMPLOYEE OF THE TOWN OF NACHES? ( ) Yes ( ) No  
IF YES, LIST THE POSITION/DEPARTMENT: \_\_\_\_\_

DO YOU HAVE RELATIVES EMPLOYED OR INVOLVED BY THE TOWN OF NACHES? ( ) Yes ( ) No  
IF YES, LIST THE POSITION/RELATIONSHIP: \_\_\_\_\_

IS THERE ANY CONDITION THAT WILL INTERFERE WITH PERFORMING THE ESSENTIAL DUTIES OF THE JOB  
APPLIED FOR WITH OR WITHOUT ACCOMMODATION? ( ) Yes ( ) No IF YES, PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF WORK DESIRED: ( ) FULL-TIME ( ) PART-TIME ( ) TEMPORARY ( ) SUMMER ( ) JOB  
SHARE  
( ) OTHER

\_\_\_\_\_  
(SPECIFY)

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR  
IMMIGRATION STATUS? ( ) Yes ( ) No  
(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.)

CAN YOU TRAVEL IF THE JOB REQUIRES IT? ( ) Yes ( ) No

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST TEN YEARS? ( ) Yes ( ) No  
IF YES, PLEASE LIST:  
(A) THE CRIME(S): \_\_\_\_\_  
(B) THE DATE(S) OF CONVICTION: \_\_\_\_\_  
(C) THE COURTS(S) IN WHICH YOU WERE CONVICTED: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME OR RELEASED FROM PRISON, WHICHEVER IS MORE RECENT, WITHIN  
THE LAST SEVEN YEARS? ( ) Yes ( ) No  
IF YES, PLEASE LIST:

(A) THE CRIME(S): \_\_\_\_\_

(B) THE CONVICTION OR RELEASE DATE, WHICHEVER IS MORE RECENT: \_\_\_\_\_

(C) THE COURTS(S) IN WHICH YOU WERE CONVICTED: \_\_\_\_\_

IF YOU ARE APPLYING FOR A POSITION INVOLVING THE OPERATION OF A TOWN OWNED VEHICLE, PLEASE ANSWER THE FOLLOWING:

(A) LIST ALL TRAFFIC INFRACTIONS OR OFFENSES YOU WERE FOUND TO HAVE COMMITTED, OR FOR WHICH YOU PAID A FINE, OR FORFEITED BAIL, WITHIN THE LAST SEVEN YEARS.

\_\_\_\_\_

(B) DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE? ( ) Yes ( ) No

IF YES, WASHINGTON STATE ( ) OTHER ( )

(C) DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ( ) Yes ( ) No

**NOTE: IF YOU HAVE PREVIOUSLY BEEN CONVICTED OF A CRIME OR TRAFFIC INFRACTION, THIS FACT WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.**

EDUCATION:

TYPE OF SCHOOL	SCHOOL & LOCATION	DATES OF ENROLLMENT	MAJOR COURSE	DIPLOMA OR DEGREE
High School or G.E.D.				
Business or Technical				
College				
College				
College				
Other Courses/Training				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES, JOB RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY HONORS YOU HAVE RECEIVED:

\_\_\_\_\_  
\_\_\_\_\_

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

GIVE THE NUMBER OF YEARS EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING (if appropriate for the job applied for):

10 Key \_\_\_\_\_ Data Entry \_\_\_\_\_ Computer \_\_\_\_\_ Typing Speed \_\_\_\_\_ Bookkeeping \_\_\_\_\_

Spreadsheet Software (please specify)

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Word Processing Software (please specify)

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WORK HISTORY: Beginning with your present or most recent employment, list your work experience history. Be sure to include any non-paid experience which is related to the job for which you are applying.

EMPLOYER'S NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

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NUMBER OF EMPLOYEES SUPERVISED BY YOU: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: \_\_\_\_\_

PRIMARY DUTIES: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER'S NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

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NUMBER OF EMPLOYEES SUPERVISED BY YOU: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: \_\_\_\_\_

PRIMARY DUTIES: \_\_\_\_\_

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REASON FOR LEAVING: \_\_\_\_\_

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EMPLOYER'S NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_

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POSITION: \_\_\_\_\_ LAST SALARY: \_\_\_\_\_

NUMBER OF EMPLOYEES SUPERVISED BY YOU: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER: \_\_\_\_\_

PRIMARY DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

REFERENCES:

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The Town of Naches is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's CONVICTION RECORD AS IT RELATES TO THE JOB. 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.

ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTRUTHFUL OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF MY APPLICATION, OR DISMISSAL IF EMPLOYED.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ( ) Yes ( ) No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

Employed ( ) Yes ( ) No Date of Employment \_\_\_\_\_

Job Title/Department \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Position(s) Applied For Is Open: ( ) Yes ( ) No

Position(s) Considered For: \_\_\_\_\_

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