



## City of Ridgefield Employment Application

### GENERAL INFORMATION

Position applying for:			Date:
Last name	First name	Middle name	
Address	City	State	Zip
Home Phone	Other Phone	E-Mail Address	
Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		DOCUMENTATION CONFIRMING AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES WILL BE REQUIRED IF AN OFFER OF EMPLOYMENT IS MADE	
Are you now, or have you ever been employed by the City of Ridgefield? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, give job title:	Dates of employment:	
An essential function of all jobs within the City is stable attendance. Are you able to meet attendance requirements of the job for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you currently able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> If needed, what types of accommodation would you request?			
Have you been known under a different name for any employer or school listed on this application? If so please identify the name that you were known by, and the employer or school.			

### EDUCATION

Did you graduate from high school or obtain a GED? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, highest grade completed:			
Name of college, university, trade or business school, etc.	Major Area of Study	Dates Attended	Credits OR Degree Earned
List any licenses or certifications you possess related to the position. Include the issuing state and expiration date.			

### SPECIAL SKILLS OR TRAINING

(List any job related skills abilities that you possess and specialized training you have received.)

**EXPERIENCE AND EMPLOYMENT**

List your work experience, starting with the most recent. Include self-employment and military service. Attach additional sheets if necessary. Be as complete as possible outlining the duties of each position.

Employer	Dates of Employment (Month/Year)
Address	Telephone Number
Job Title	Last Salary
Supervisor	Supervisor Contact Number
Co-worker who would know your work habits	Co-worker Contact Number
Specific Duties, Projects and/or Assignments	
Reason for Leaving	May We Contact This Employer?

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The City of Ridgefield values individuals with demonstrated leadership qualities and those who are involved in their community. If you would like us to consider your experience in these areas in addition to your work and educational experience, please list them here. (This information is optional.)

<b>COMMUNITY INVOLVEMENT</b>		
<i>(List any job related community organizations, volunteer activities or school activities.)</i>		
Organization Name	Years of Involvement	Description of Your Involvement/Activities

<b>OTHER TOPICS</b>
Have you ever received discipline during your employment (written reprimand, suspension, etc.)?
Have you ever been fired, resigned in lieu of termination or asked to resign (for reasons other than lack of work or lay-off) by an employer?
Have you been unemployed for a period longer than six (6) months since the age of 21?
Are there any jobs you have had since the age of 21 that you did not list?
Were you ever placed on academic discipline, suspended or expelled from any college, university business or trade school?
<u>If you answered yes to any of the above questions, please provide an explanation including dates, employer or school (if applicable) and a description of the circumstances:</u>

<b>AWARDS AND HONORS</b>
<i>(List any job related special awards or honors that you have received and any special qualifications that you possess.)</i>

REFERENCES			
Name	How you know this person (for example, friend, teacher or coworker)	Phone Number	Years Acquainted

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department at Ridgefield City Hall, 230 Pioneer St., PO Box 608, Ridgefield, WA 98642 (360) 887-3557

*The City of Ridgefield is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, sexual orientation, genetic information, disability or any prohibited federal, state or local law.*

### Certification

I certify that the information contained in this application accurate and complete. I understand providing false or misleading information will result in my disqualification from the hiring process or termination from employment.

I am willing to submit to a background check, including criminal and civil, a credit report, and a pre-employment drug screen if required. I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986 and the Immigration Act of 1990.

I understand that this application is not intended to be a contract of employment, a promise of specific treatment in situations, or a guarantee of employment for any specific duration.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

SEND COMPLETED APPLICATION TO:  
 City of Ridgefield  
 230 Pioneer Street, PO Box 608  
 Ridgefield, WA 98642  
 (360) 887-3557 phone (360) 887-0861 fax  
 www.ci.ridgefield.wa.us

**NOTE: You must include a signed and notarized Authorization to Release Information with your Employment Application.**



**AUTHORIZATION TO RELEASE INFORMATION**

I am an applicant for a position with the City of Ridgefield, Washington. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I authorize the disclosure and release of any and all information that you may have concerning me, including information of a confidential or privileged nature. This includes, but is not limited to, the release of employment files; personnel records; background files; disciplinary records; investigations, complaints or grievances filed by or against me; training files; criminal and driving records; information obtained via the internet or social media; military, academic and/or other records you have in your possession. This also includes photocopies of the above material.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby agree to release, indemnify and hold harmless, your company or organization, its agents and representatives, and any person furnishing information, from any liability and/or damage, which may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one year after the date signed.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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**Notary Public Use Only**

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

Notary Public for the State of \_\_\_\_\_. My Commission Expires: \_\_\_\_\_

Notary Signature: \_\_\_\_\_