

CITY OF BRIDGEPORT APPLICATION FOR EMPLOYMENT

THE CITY OF BRIDGEPORT IS AN EQUAL OPPORTUNITY EMPLOYER

1206 Columbia Ave • PO Box 640, Bridgeport, WA 98813

Phone: 509-686-4041 Fax: 509-232-3370

PERSONAL INFORMATION

NAME				
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP	
MAILING ADDRESS				
STREET / PO BOX	CITY	STATE	ZIP	
PHONE NO.		CELL NO.		
E-MAIL		ARE YOU 18 YEARS OR OLDER?		YES / NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				YES / NO

EMPLOYMENT DESIRED

POSITION	START DATE	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES / NO
EVER APPLIED WITH THE CITY BEFORE?	DEPARTMENT	DATE

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUS. OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC):

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE? YES / NO PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: YES / NO

RANK: _____

*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST.)

DATE		NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM	TO				
MONTH & YEAR					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES

(NAME THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

EMERGENCY CONTACT

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN ITS MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE _____

DATE _____

DO NOT WRITE IN SHADED AREA

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1 2 3
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER