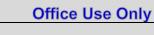
City of Cashmere Application for Employment





City of Cashmere 101 Woodring St. Cashmere, WA 98815 (509) 782-3513 mail@cityofcashmere.org

You must submit a separate Application for each position.

DO NOT submit a photograph of yourself.

The City of Cashmere is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, and color, sex, age, color, religion and creed, national origin, marital status, disability, HIV, AIDS and Hepatitis C status, honorably discharged veteran or military status, pregnancy and maternity, sexual orientation or gender identity use of a guide dog or other service animal, genetic information or any other basis prohibited by federal, state or local law.

Complete all information from this point forward. An incomplete Application may disqualify you from further consideration.

Complete an information from this point forward. An	incomplete Application may	disquarity you from further c	onsideration.
Applicant: Write the Position Title of the Job you are	applying for here		
Name (Last)		(First)	(Middle)
Address		(11151)	(iviludic)
Address			
	City	State Zip	
Home Phone () Cell ()	Work ()	Email	
Are you authorized to work in the United States for the City of Cashmere? (Note: if hired, a form I-9,			
Employment Eligibility Verification must be completed	☐ Yes ☐ No	Are you over the age of 18?	Yes □ No
at the start of employment)			
Do you have a valid Washington State Commercial Driver	s License?	☐ Yes ☐ No	
Do you wish to claim Veteran's Preference for testing, purs	suant to RCW 41.04.010?	☐ Yes ☐ No	
TRAINING AND EDUCATION			
Highest Grade Completed: 8 9 10 11	☐ 12 ☐ GED		
Colleges/Other Training St	ıbject/Major	Degree/Certificate	Date Completed
EQUIPMENT, OFFICE AND COMPUTER SKILLS			
Describe computer and other equipment operation skills. Inclu	de programs used, typing speed &	other information relevant to the p	osition for which you
are applying.			
CRIMINAL CONVICTION			
The City of Cashmere is mindful of its obligation to employ qu	ialified persons and its entitlement	under law to consider an applicant	's convictions record
as it relates to job performance. A conviction record will not	automatically disqualify you from	m employment unless such recor	d would reasonably
affect your fitness for the job for which you have applied. last 10 years.	Applicants will be asked to disci	ose information about their crin	unai nistory for the
If Yes, Please Explain			
PROFESSIONAL REFERENCES (Do Not List Relatives)			
	Employer	Phone)
Name/Title Name/Title	Employer Employer	Phone ()
Name/Title)
	Employer	Phone ()
SIGNATURE IS REQUIRED To the best of my knowledge, the information herein is true and comp	ete. I have read the Position Ioh Descri	intion and I can perform the essential fo	inctions of the position
for which I am applying, with or without reasonable accommodation	. I understand that if I receive a cond	itional offer of employment for a posi	tion where I will have
unsupervised access to children, developmentally disabled persons, or required by the Child/Adult Abuse Information Act. I understand the			
conditional offer of employment for a position which requires a Community that providing false information on this application is grounds for disqu	mercial Driver's License. I authorize in	vestigation of all statements in this app	olication. I understand
application or my communications with any City official is intended to			and that nothing in this
Signature		Date	

WORK HISTORY					
the position for which y applying. Complete th	esent or most recent employment, list your work/experience history for the last 10 you are applying. Attach additional sheets as necessary. Be sure to include any non e following sections even if you are submitting a resume in addition to this appli different name by any of these employers, please identify the employer and state the	-paid experience w cation. An incomp	hich is related	to the job for v	vhich you are
Employer's Name		From	Mo/Year	To	Mo/Year
Address		Supervisor			
Phone		Hours Worked l	Per Week		
Position					
Number Of Employee	s Supervised By Vou				
Reason For Leaving	Superisca by Tou	L			
Primary Duties					
Filliary Duties					
			Mo/Year		Mo/Year
Employer's Name		From		To	
Address		Supervisor			
Phone		Hours Worked	Per Week		
Position					
Number Of Employee	s Supervised By You				
Reason For Leaving					
Primary Duties					
Employer's Name		From	Mo/Year	To	Mo/Year
Address		Supervisor			
Phone		Hours Worked l	Per Week		
Position					
Number Of Employee	s Supervised By You				
Reason For Leaving					
Primary Duties					
Triniary Duties					
B 1 1 N		-	Mo/Year	TD.	Mo/Year
Employer's Name		From		To	
Address		Supervisor	***		
Phone		Hours Worked 1	Per Week		
Position					
Number Of Employee	s Supervised By You				
Reason For Leaving					
Primary Duties					



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AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist.

I, the undersigned applicant for employment with the City of Cashmere, in consideration of the review of my employment application, do authorize the City of Cashmere to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information, from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Cashmere from any liability for future references it may provide regarding my work history at the City of Cashmere.

It is my intention that any copy of this authorization be as effective as the original.

Date	
Name (Please Print)	
Signature	

I certify that the information given by me to the City of Cashmere is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with City of Cashmere interest or those of its clients, nor will I become engaged in such activity or business if employed.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Cashmere's property, the City of Cashmere is authorized to deduct from my wages sufficient funds to replace its property.

Date	
Name (Please Print)	
Signature	

THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT SEPARATELY

Please Print

Name:	LAST	FIRST	MI
Are you a former or cur	rent City of Cashmere emplo	oyee?	
Yes No If Yes,	please tell us:		
When you worked			
Department			
Position Title			
Supervisor			
Having a relative emplo	yed by the City of Cashmere	will not necessarily bar you from employment.	
Do you have any relative:	s employed by the City of Cash	nmere? Yes No	
If yes, Please list their na relationship/s	ame/s and		
	mination in employment prac	below. This is entirely voluntary. The City of Cashmere is ctices. This information will be kept confidential and will be	used
	Male		
Ethnic Category (Check of	one)	frican American	
Please tell us how you le	arned of this opening by circl	ling the number of the source	
 Local Media Walk-in 		5. Friend/Relative6. City of Cashmere Employee	
 City Website AWC Job Net 		7. Other	
APPLICATION ASS	EMBLY and HIRING PRO	OCESS:	
Assemble application History, 3: Authorization this order: cover letter removed. Staple every Those applicants who	n materials in this order: 1: ion To Release Employment, resume, reference list, etc. ything together in the top lef submit a complete and time process will be notified by process.	: <u>City of Cashmere Application Front Page</u> , 2: <u>Work t Records</u> , 4: The following optional items may follow in 5: Please make this sheet the <u>LAST PAGE</u> as it will be	