

**APPLICATION FOR EMPLOYMENT**

**City of Brewster  
POB 340  
105 So. 3<sup>rd</sup> Street  
Brewster, WA 98812  
509-689-3464**

**INCOMPLETE APPLICATIONS MAY BE REJECTED**

**RESUMES ARE NOT ACCEPTED IN LIEU OF A COMPLETED APPLICATION**

**ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETE SO THAT ALL APPLICATIONS CAN BE GIVEN EQUITABLE CONSIDERATION. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT REGARDLESS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER FACTORS**

**THIS APPLICATION MUST BE TYPED OR PRINTED. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK.**

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

Name \_\_\_\_\_

Other names you have been employed under \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence address \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Salary Requirement (per hr) \_\_\_\_\_

Will you accept full time \_\_\_\_\_ Part Time \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Are you eligible to work in the United States either because you are a U.S. Citizen or have U.S. government permission to do so? Yes \_\_\_\_\_ No \_\_\_\_\_

(If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.)

Have you been previously employed by the City of Brewster? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Give name, relationship and Department of any relatives employed by the City of Brewster:

\_\_\_\_\_

Do you have a valid Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_

List any traffic violations you have received in the last 3 years:

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**CRIMINAL HISTORY INFORMATION**

Have you (since the age of 18) ever been convicted of or plead guilty or no contest to a misdemeanor? (DUI, Bad Checks, etc) Yes\_\_\_ No\_\_\_ If Yes describe the circumstances. (Date, Place, Charges, Disposition. Use additional sheets of paper if necessary. Omit non-moving traffic violations/parking tickets and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law)

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Have you (since the age of 18) ever been convicted of or plead guilty to no contest to a felony? Yes\_\_\_ No\_\_\_ If Yes, describe the Circumstances: (Date, Place, Charges, Disposition) Use additional sheets if necessary.

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NOTE: Applicants convicted of a criminal offense involving the manufacture, distribution, tracking, or sale of a controlled substance, dangerous drugs or marijuana, or convicted of any felony involving a violent crime such as assault with a deadly weapon, aggravated assault or murder are ineligible to be employed with the City of Brewster and shall be automatically rejected. Applicants convicted of any other felony shall be considered on a case by case basis. An applicant convicted of a felony or misdemeanor who has received a pardon from the appropriate State Pardons and Parole Board shall be eligible for employment with the City of Brewster.

Have you ever been suspended, demoted, dismissed or asked to resign from any job?

Yes\_\_\_ No\_\_\_ If Yes explain in detail

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**EDUCATION**

High School name and location:

\_\_\_\_\_

Graduated? Yes \_\_\_ No \_\_\_ Highest Grade completed \_\_\_\_\_ If No, do you have a GED or equivalent? Yes \_\_\_ No \_\_\_

College, Technical or Trade Schools

School Name	Location	Major	Degree Earned

Describe specialized training, skills or extra-curricular activities which would relate to the position for which you are applying. Include computer skills and programs, office equipment, etc.

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

**REFERENCES:**

Please give 3 references that ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

**EMPLOYMENT HISTORY**

Begin with your most recent job and include military and volunteer experience and periods of unemployment. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers are necessary.

**A resume may be attached only as additional information and will not be accepted in lieu of completing this section. Use additional sheets if necessary.**

Name of Business \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_

Dates Employed \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Specific Reason for Leaving \_\_\_\_\_

Name of Business \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_

Dates Employed \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Specific Reason for Leaving \_\_\_\_\_

Name of Business \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_

Dates Employed \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Specific Reason for Leaving \_\_\_\_\_

Name of Business \_\_\_\_\_ Telephone# \_\_\_\_\_  
Address \_\_\_\_\_

Dates Employed \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
Specific Reason for Leaving \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION  
CONDITIONS OF EMPLOYMENT**

I have made application for employment with the City of Brewster. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

Furthermore, if I am employed by the City of Brewster, I agree to the policies, rules, orders and regulations of the government set forth in the City of Brewster's Personnel system, policies and procedures and ordinances; and acknowledge that these policies and procedures, rules, and regulations may be changed, interpreted, withdrawn, or added to by the City of Brewster at any time, at the City's sole option.

I further acknowledge that if I become employed with the City of Brewster, my employment will be at -will and may be terminated with or without cause at any time by me or the City of Brewster until such time that I am no longer on my initial trial period as a regular full-time employee.

I consent to undergo a physical examination and I understand the offer of employment by the City of Brewster requires the successful passing of such physical examination. A DRUG TEST IS A PART OF THIS PHYSICAL EXAMINATION AND YOUR POSITION MAY REQUIRE RANDOM TESTING. YOU WILL ALSO BE TESTED FOR DRUG TEST AND/OR ALCOHOL TEST IN THE EVENT OF AN ACCIDENT OR INCIDENT.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS.

Are you presently employed? YES \_\_\_NO\_\_\_ May we contact your present employer? YES \_\_\_NO\_\_\_

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Print your name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_