CITY OF CHEHALIS

APPLICATION FOR POSITION OF COMMUNITY DEVELOPMENT DIRECTOR

The City of Chehalis is an equal opportunity employer and dos not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran’s status, disability, or any other basis prohibited by federal, state or local law. Conditions of employment are stated at the end of this form. Please read these conditions carefully before signing this application. False statements on this application form shall be considered sufficient cause for nonemployment or termination.

Please read carefully and complete all applicable areas. Attach additional pages if needed. Please DO NOT submit a photograph of yourself.

# YOUR CONTACT INFORMATION

|  |  |  |
| --- | --- | --- |
|      Name (Last, First, Middle) |      Home Phone  |      Cell Phone |
|      Address |      Email Address |      Work Phone |
|      City State Zip | How would you like us to contact you?      |

|  |  |
| --- | --- |
|      Today’s Date |      How did you learn about this position?  |
|      When would you be available to begin working? | Are you able to provide proof of citizenship, visa or other documentation showing eligibility for employment?    YES    NO |

**EDUCATION**

Please list all Colleges and Universities attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|      School Name & Location |      Start Date |      End Date |      Major/Area of Study |      Degree/Year Awarded |
|      School Name & Location |      Start Date |      End Date |      Major/Area of Study |      Degree/Year Awarded |
|      School Name & Location |      Start Date |      End Date |      Major/Area of Study |      Degree/Year Awarded |

Please list all Business and Trade Schools attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|      School Name & Location |      Start Date |      End Date |      Major/Area of Study |      Certificate/Yr Awarded |
|      School Name & Location |      Start Date |      End Date |      Major/Area of Study |      Certificate/Yr Awarded |

Other Relevant Courses or Training attended:

|  |  |  |  |
| --- | --- | --- | --- |
|      Institution |      Location |      Course |      Course Length & Date |
|      Institution |      Location |      Course |      Course Length & Date |

US MILITARY SERVICE

|  |  |  |
| --- | --- | --- |
| Branch:       | Date Entered:       | Date Discharged:       |
| Please describe any service related skills that may be applicable to the position you are applying for:      |

# WORK HISTORY

Please list chronologically starting with your current position, including dates of employment:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|      Current or Most Recent Employer |      City/State |      Position Title |      Start Date |      End Date |      Ending Salary |      Supervisor |
| Job Duties:       |
| Reason for leaving:       |

Do we have your permission to contact your current employer?       YES       NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|      Employer |      City/State |      Position Title |      Start Date |      End Date |      Ending Salary |      Supervisor |
| Job Duties:       |
| Reason for leaving:       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|      Employer |      City/State |      Position Title |      Start Date |      End Date |      Ending Salary |      Supervisor |
| Job Duties:       |
| Reason for leaving:       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|      Employer |      City/State |      Position Title |      Start Date |      End Date |      Ending Salary |      Supervisor |
| Job Duties:       |
| Reason for leaving:       |

# SPECIAL SKILLS AND KNOWLEDGE

# Please list any special training, skills, professional memberships, certificates, licenses or experiences that would pertain to the position you are applying for:

# COMPUTER SKILLS

Please indicate your level of skill with the following Microsoft Software Systems (click on the response to activate drop down menu):

|  |  |
| --- | --- |
| Word:  | Excel:  |
| PowerPoint:  | Outlook  |

# BACKGROUND INFORMATION FOR ALL POSITIONS

Have you been employed by the City Of Chehalis before?       NO       YES.

If yes, under what name and in what position?

Please list any relatives you have that are currently employed by the City Of Chehalis.

Have you ever been disciplined or discharged for cause?       NO       YES. If yes, please briefly describe the circumstances:

Have you been convicted of a felony or released from prison within the last ten (10) years, or have you been convicted of a misdemeanor (excluding minor traffic offenses) within the past three (3) years?       NO       YES

If yes, please briefly describe the circumstances:

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.

Do you have a valid driver’s license?       NO       YES STATE

Please list any violations, tickets, accidents or incidents that will be listed on your driving record of the last five (5) years:

Have you reviewed the City Of Chehalis position description for the job you are applying for?

      YES       NO.

Do you feel you are able to perform the essential functions of the job either with or without reasonable accommodation?       YES       NO

**AGREEMENT**

To the best of my knowledge, I certify that all statements made by me on this application are true and complete and that I can perform the essential functions of the position for which I am applying for with or without reasonable accommodations. I understand that if I receive a Conditional Offer of Employment for a position where I may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Chehalis is required to complete a thorough background check as required by the Child/Adult Abuse Information act. I understand that if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver’s License, I will be tested for the presence of drugs as part of the pre-employment screening.

I understand that misrepresentation or falsification of statements made in this application constitutes grounds for immediate dismissal and I authorize investigation of all statement in this application. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City of Chehalis official is intended to create an employee contract with the City of Chehalis.

**AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS**

In consideration of the review of my employment application, I authorize the release of all high school, college and other educational records pertaining to my attendance, course work and other school activities. The City is authorized 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. The City is also authorized to make any investigation of my personal history and financial and credit record through any investigations or credit agencies/bureaus of the City’s choice.

To my former employers named in this application, please furnish the City of Chehalis with personnel information as requested by the City. 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 I become employed by the City of Chehalis, I release the City of Chehalis from any liability for future references it may provide regarding my work history and performance at the City of Chehalis.

**I further agree to the following terms and conditions of employment:**

* Submitting proof of citizenship or U.S. work permit upon employment.
* Meeting the job attendance and performance requirements of the position.
* Conforming to City personnel rules, regulations and instructions.

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

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

**REFERENCES**

Please provide six references, including supervisors, subordinates and peers

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Reference Contact Information |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |