



City of Longview Application for Employment

Human Resources Department ♦ PO Box 128 ♦ Longview, WA 98632
360.442.5021 ♦ 360.442.5950 fax ♦ 360.442.5049 TDD ♦ www.ci.longview.wa.us/personnel/index

Position applying for

Last name	First Name	Middle Initial
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Address	City	State	Zip (plus four)
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Home phone	Work phone	Cell or other phone	E-mail address
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Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, what is your birth date?	Month	Day	Year
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Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO (applies only to Civil Service positions)
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Are you now or have you ever been employed by the City of Longview? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, give Job Title	Department	Dates of employment
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Do you have relatives working for the City of Longview? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give name, relationship and department)	Name(s)	Relationship(s)	Department(s)
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Will you accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening	Date Available
Will you accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part time	<input type="checkbox"/> Night <input type="checkbox"/> Weekend	

Have you been convicted or released from prison within the last ten years? YES NO
 Have you ever been convicted, pled guilty or not contested, or forfeited bond or bail for any crime other than traffic violations YES NO
 (If yes, explain below. Do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than ten years old.) *A conviction will not necessarily bar you from employment.*

Date	Charge	Sentence	Remarks

Veteran's Preference

VETERAN'S PREFERENCE FOR CIVIL SERVICE POSITIONS (POLICE/FIRE) WILL BE GRANTED IN ACCORDANCE WITH STATE LAW. Military reserve time is not acceptable. Credit must be claimed within 15 years of release from active duty. Credit will be awarded until one such examination results in your first appointment. If you are requesting Veteran's Preference, release from active duty papers must be presented for verification at time of filing application.

Date of entry	Date of release	Date of retirement
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Education/Training

Are you a high school graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Or do you have a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Colleges Attended (Name and Location)	Credits Earned	Major	Type of Degree

Other Courses/Training (Name and Location)	Length	Certifications

Other special/professional licenses:

Check areas of experience: Microsoft Windows Microsoft Outlook Microsoft Excel Microsoft PowerPoint

Other software programs (please list):

Employment History

List your work experience, starting with most recent first, including self-employment, military service and volunteer work. Attach additional sheets if necessary. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the ability to accurately evaluate your work experience. An incomplete application or an application that states "See Resume" may disqualify you from further consideration. A resume will not substitute for the information required in this section.

Most Recent Position (attach additional pages if necessary):	Employment Information
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Employer	Position Title	From	To
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Address	Hours per week
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Supervisor	Phone	No. employees supervised	Final salary
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Specific duties

Reason for leaving or considering change	May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Longview is an Equal Opportunity Employer

Other Work Experience (attach additional pages if necessary):			Employment Information	
Employer	Position Title		From	To
Address			Hours per week	
Supervisor	Phone	No. employees supervised	Final salary	
Specific duties				
Reason for leaving or considering change			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Other Work Experience (attach additional pages if necessary):			Employment Information	
Employer	Position Title		From	To
Address			Hours per week	
Supervisor	Phone	No. employees supervised	Final salary	
Specific duties				
Reason for leaving or considering change			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Other Work Experience(attach additional pages if necessary):			Employment Information	
Employer	Position Title		From	To
Address			Hours per week	
Supervisor	Phone	No. employees supervised	Final salary	
Specific duties				
Reason for leaving or considering change			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Other Work Experience (attach additional pages if necessary):			Employment Information	
Employer	Position Title		From	To
Address			Hours per week	
Supervisor	Phone	No. employees supervised	Final salary	
Specific duties				
Reason for leaving or considering change			May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Agreement, Certification and Authorization

◆ I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or I may be discharged from my employment.

◆ I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

◆ I am willing to submit to 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.

◆ I understand that this application is not intended to be a contract of employment. Many City positions are governed by collective bargaining agreements and/or Civil Service Regulations, which specify terms of employment. Employment for all positions not covered under collective bargaining agreements is "at will." This means that either party can terminate the employment relationship at any time, with or without cause or advance notice.

Signature of applicant (Applicants who submit electronic applications will be asked to sign and verify the accuracy of information provided on this application prior to participation in the final interview process)	Date
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Supplemental Page (if needed):