



# City of Aberdeen

## EMPLOYMENT APPLICATION

200 East Market Street  
Aberdeen, WA 98520

NOTICE: If you are employed by the City of Aberdeen, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform and Control Act.

Please read the job announcement carefully. A supplemental application may be required. Incomplete applications may not be considered. Applications will be screened and the applicants whose qualifications most closely match the needs of the City will invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful applicants.

The City of Aberdeen is an Equal Opportunity Employer and does 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. The City of Aberdeen provides reasonable accommodation to its employees and the public with disabilities. For more information, contact the City of Aberdeen Human Resources Office, (360) 537-3212.

(Use the Tab key to move through the fields)

Position Applied For:

Date:

Name:

Telephone:

Address:

Email:

City:

State  ZIP

The City of Aberdeen is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. **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.** Applicants may be asked to disclose certain information about their criminal history.

Will you accept part-time or temporary employment?  Yes  No

Have you ever been employed by the City of Aberdeen?  Yes  No

U.S. Military Service Branch  Specialties

Can you work on:

Saturdays  Yes  No      Sundays  Yes  No      Nights or Evenings  Yes  No

Please identify the **highest grade** you have completed:  8  9  10  11  HS Grad  GED

College  1  2  3  4  5  6  7  8

### Colleges or Universities Attended:

### Major/Course Studies:

### Degree

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

### Other Training or Schooling

<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>

Licenses/Certifications: List special licenses (including driver's license) or certifications you hold which are necessary or useful in this position. Note type of license (including number), state where issued and expiration date:

<input type="text"/>
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Machinery/Equipment: List machinery and equipment you have operated which are necessary or useful in this position: *If you are applying for a position in which you will be required to operate City vehicles and/or equipment, you may be required to provide your driving record.*

<input type="text"/>
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Talents/Skills/Current Studies: List useful talents, experiences, qualifications or skills that relate to the position for which you are applying. (Examples: volunteer work, boards or commissions served, hobbies such as photography, art, etc.):

<input type="text"/>
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## WORK HISTORY

You may attach a resume, however a resume will not be accepted in place of a complete work history as requested below. An incomplete application may disqualify you. Begin with **your current or most recent position**. (Use the tab key to move through the fields)

Date Employed From:	<input type="text"/>	To:	<input type="text"/>	Your Title	<input type="text"/>
Employer's Name:	<input type="text"/>			Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>			Supervisor's Phone #:	<input type="text"/>
City, State ZIP:	<input type="text"/>			Hrs per week	<input type="text"/>
Primary Duties	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Date Employed From:	<input type="text"/>	To:	<input type="text"/>	Your Title	<input type="text"/>
Employer's Name:	<input type="text"/>			Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>			Supervisor's Phone #:	<input type="text"/>
City, State ZIP:	<input type="text"/>			Hrs per week	<input type="text"/>
Primary Duties	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Date Employed From:	<input type="text"/>	To:	<input type="text"/>	Your Title	<input type="text"/>
Employer's Name:	<input type="text"/>			Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>			Supervisor's Phone #:	<input type="text"/>
City, State ZIP:	<input type="text"/>			Hrs per week	<input type="text"/>
Primary Duties	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Date Employed From:	<input type="text"/>	To:	<input type="text"/>	Your Title	<input type="text"/>
Employer's Name:	<input type="text"/>			Supervisor's Name:	<input type="text"/>
Address:	<input type="text"/>			Supervisor's Phone #:	<input type="text"/>
City, State ZIP:	<input type="text"/>			Hrs per week	<input type="text"/>
Primary Duties	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Can you perform the essential job functions of this position as listed in the job description, with or without reasonable accommodation.  Yes  No

I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Aberdeen is required to complete a thorough background check as required by the Child/Adult Abuse Information Act.  Yes  No

### PLEASE READ CARE FULLY AND SIGN BELOW:

My signature below affirms that the statements contained in this application for employment are true and correct. I understand any false or misleading statement or omission of material fact may result in dismissal. I authorize the City of Aberdeen to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the City. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credentials, employment references, and criminal background check. I further understand that employment in certain job categories is contingent upon passing a job-related medical examination and drug test.

Signature:

Date:

(THIS PORTION TO BE SEPARATED FROM APPLICATION PRIOR TO REVIEW)

THE INFORMATION REQUESTED ON THIS SHEET WILL BE USED FOR STATISTICAL PURPOSES ONLY. IT WILL ENABLE THE CITY TO EVALUATE ITS RECRUITMENT PROCESS IN LIGHT OF FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS. YOUR COOPERATION IS STRICTLY VOLUNTARY: YOUR APPLICATION WILL BE REVIEWED WHETHER OR NOT YOU PROVIDE THIS INFORMATION.

THANK YOU FOR YOUR COOPERATION.

Date:

Position Applied For:

Sex:  Male  Female  Choose not to answer

Disabled?  Yes  No  Choose not to answer

Veteran?  Yes  No  Choose not to answer

Ethnic Identification:  White  
 African American  
 Hispanic Origin  
 Asian/Pacific Islander  
 American Indian  
 Alaskan Native  
 Other  
 Choose not to answer

How did you learn of this job?  Newspaper  City Hall  Friend  Professional Publication  Current City Employee  Job Posting  Website  WorkSource  Other

Which one?

Which one?

Location:

Which one?

Please identify