

Application for Employment

Law Enforcement

Please Print



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name		Social Security #	
Last	First	Middle	- -
Address			
Street	City	State	Zip Code
Telephone ()	Mobile/Beeper/Other Phone ()	E-mail address	
Position(s) applied for			
Referral Source (Please check the appropriate category and name the source.)			
<input type="checkbox"/>	Walk-in:	<input type="checkbox"/>	School:
<input type="checkbox"/>	Employee:	<input type="checkbox"/>	Job Fair:
<input type="checkbox"/>	Advertisement:	<input type="checkbox"/>	Staffing Agency:
<input type="checkbox"/>	City of Grandview Website:	<input type="checkbox"/>	Government Employment Agency:
<input type="checkbox"/>	Other Internet:	<input type="checkbox"/>	Other:
If necessary, best time to call you at home is _____ : _____ am pm		Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no , please explain	
If yes , work number and best time to call: _____ () _____ : _____ am pm		Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?	
If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.	
If no , please explain		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information about the job's "essential functions" to respond	
Have you submitted an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's license number required if driving may be required in the job for which you are applying:	
If yes , give date(s) and position(s)		Number: _____ State: _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , give date(s) From ____ / ____ / ____ To ____ / ____ / ____		Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you pled "guilty" or "no contest" to or been convicted of a crime?	
Date available for work ____ / ____ / ____		If yes, please provide date(s) and details: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your desired salary range or hourly rate of pay? \$ _____ Per _____			
Type of employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
<input type="checkbox"/> Educational Co-Op	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary	
Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If they have been explained to you, are you able to meet the attendance requirements of the position? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			

AN EQUAL OPPORTUNITY EMPLOYER

Return Completed Application to: City of Grandview, 207 West Second Street, Grandview, WA 98930

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Month	Year	Month	Year	
Street address		City				State
Starting job title/final job title		Dates employed: / to /				
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities:						
What did you like the most about your position?						
What were the things you liked least about the position?						

Employer	Telephone # ()	Month	Year	Month	Year	
Street address		City				State
Starting job title/final job title		Dates employed: / to /				
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities:						
What did you like the most about your position?						
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Starting job title/final job title		Dates employed: / to /				
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities:						
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Street address		City				State
Starting job title/final job title		Dates employed: / to /				
Immediate supervisor and title (for most recent position held)		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?		Commission/Bonus/Other Compensation \$				
Summarize the type of work performed and job responsibilities:						
What did you like the most about your position?						
What were the things you liked least about the position?						

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?
If **yes**, please explain

	Yes	No
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Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience)			
Word Processing:	Years:	Internet:	Years:
Spreadsheet:	Years:	Other:	Years:
Presentation:	Years:	Other:	Years:
E-mail:	Years:	Other:	Years:

Educational Background

(Starting with your most recent school attended, provide the following information:

School (include City & State)	Years Completed	Completed		GPA <small>Class Rank</small>	Major/Minor
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			
		Diploma	GED		
		Degree:			
		Certification:			
		Other:			

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Offices Held

Related Information (continued)

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Grandview is true, complete and correct.

I expressly authorize, without reservation, the City of Grandview, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigrations laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date: / /

INQUIRY WAIVER AND RELEASE

To Whom It May Concern:

Having made application for employment with the Grandview Police Department and desiring it to be informed as to my previous record, character, and fitness for the position sought, I hereby authorize any peace officer or other authorized representative of the Grandview Police Department bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to my employment, military service records, credit, or educational records, including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Grandview Police Department.

I explicitly state that this authorization supersedes any previous oral or written agreements limiting access to, or release of, this information described above, inclusive of any internal investigation and/or disciplinary process which has been sealed pursuant to any prior agreement or court proceeding. I hereby request full and complete disclosure.

Consent is granted for the Grandview Police Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I have no right to read and review any background investigation report prepared by the Grandview Police Department.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, governmental entity, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. This release shall be binding on my legal representatives, heirs, and assigns. Should there be any questions as to the validity of this release, you may contact me as indicated below.

If currently employed by a law enforcement agency within or outside the State of Washington, it is understood and acknowledged by me that any information secured pursuant to this required background investigation, which could negatively reflect on my fitness for duty, may be forwarded to my current law enforcement employer.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of this.

Applicant: _____

Position sought: _____

Address: _____

Home Phone: _____

Place of Birth: _____

Date of Birth: _____

Signature of Applicant: _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME this ____ day of _____, ____.

Notary Seal

NOTARY PUBLIC in and for the State of
Washington, residing at _____
My commission expires: _____

THIS FORM MUST BE SIGNED, NOTARIZED, AND ATTACHED TO APPLICATION