**City of Pacific**

# EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. The City provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. The City will provide reasonable accommodation to applicants with disabilities. To request an accommodation in the hiring process, applicants should contact Human Resources.

Employees are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City’s elected officials. Each employee is expected to behave in a manner that reflects favorably upon the City and recognize that City employees are subject to public scrutiny.

### PLEASE PRINT IN INK

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | |
| NAME |  | | | | | | | |
|  | Last First M.I. | | | | | | | |
|  |  | | | | | | | |
| ADDRESS |  | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| CITY, STATE, ZIP |  | | | | | | | |
|  |  | | | | | | | |
|  |  | |  | |  | | | |
| TELEPHONE |  | | MESSAGE CONTACT | |  | | | |
|  |  | |  | | Name Area Code Number | | | |
|  |  | |  | | | | |  |
| ALTERNATE TELEPHONE |  | | ARE YOU AT LEAST 18 YEARS OLD? | | | | | □ YES □ NO |
|  |  | |  | | | | |  |
|  |  | | | | | | | |
| EMAIL ADDRESS |  | | | | | | | |
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|  |  | | |  | | |  | |
| POSITION  APPLIED FOR: |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
| REFERRED FOR THIS POSITION BY: |  | | | DATE  AVAILABLE: | | |  | |
|  |  | | |  | | |  | |
|  |  | | | | | | | |
| HAVE YOU EVER BEEN  EMPLOYED BY THIS ORGANIZATION? □NO □YES WHEN? DEPARTMENT: | | | | | | | | |
|  |  | | | | | | | |
|  |  | | | | | | | |
| SUPERVISOR: REASON FOR LEAVING: | | | | | | | | |
|  |  | | | | | | | |
|  | |  | | | |  | | |
|  | | IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: | | | | CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? | | |
|  | |  | | | |  | | |
|  | | I HAVE A VALID DRIVER'S LICENSE  □ YES □ NO  D.L.# STATE | | | | □ YES □ NO | | |
|  | |  | | | |  | | |

### U.S. MILITARY SERVICE

|  |  |
| --- | --- |
|  |  |

If you have served in the U.S. Military, please provide the following information:

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

Branch of Service

From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Served

### EDUCATION / SKILLS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| EDUCATIONAL LEVEL | NAME CITY STATE | CIRCLE YRS.  COMPLETED | UNITS  COMPLETED | DEGREE | MAJOR |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| HIGH SCHOOL |  | 9 10 11 12 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| COMMUNITY or |  | 1 2 |  |  |  |
| JUNIOR COLL |  | 1 2 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| BUSINESS or  TRADE SCHOOL |  | 1 2 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | 1 2 3 4 |  |  |  |
| COLLEGE or |  | 1 2 3 4 |  |  |  |
| UNIVERSITY |  | 1 2 3 4 |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| GRADUATE |  |  |  |  |  |
| SCHOOL |  |  |  |  |  |
|  |  |  |  |  |  |

### COMPUTER SOFTWARE SKILLS

|  |  |  |
| --- | --- | --- |
|  |  |  |
| COMPUTER SOFTWARE | Name of Software | Your Proficiency With The Software |
|  |  |  |
|  |  |  |
| Word Processing |  | □ Skilled □ Competent □ Familiar |
|  |  |  |
|  |  |  |
| Spreadsheet |  | □ Skilled □ Competent □ Familiar |
|  |  |  |
|  |  |  |
| Database |  | □ Skilled □ Competent □ Familiar |
|  |  |  |
|  |  |  |
| Other |  | □ Skilled □ Competent □ Familiar |
|  |  |  |

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| PROFESSIONAL LICENSES | TYPES OF LICENSES and CERTIFICATES | DATE  ISSUED | REGISTRATION  NUMBER | STATE | EXPIRES  MO / YR |
| and CERTIFICATIONS |  |  |  |  |  |
| (Job Related) |  |  |  |  |  |
|  |  |  |  |  |  |

### JOB RELATED TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| NAME OF COURSE | YEAR COMPLETED | NAME OF COURSE | YEAR COMPLETED |
|  |  |  |  |
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### EMPLOYMENT HISTORY

### THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

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|  |
| --- |
| FROM (Mo/Yr) \_\_\_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_ YRS \_\_\_\_\_\_\_\_MOS. YOUR POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START FINAL  BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FROM (Mo/Yr) \_\_\_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_ YRS \_\_\_\_\_\_\_\_MOS. YOUR POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START FINAL  BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FROM (Mo/Yr) \_\_\_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_ YRS \_\_\_\_\_\_\_\_MOS. YOUR POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START FINAL  BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FROM (Mo/Yr) \_\_\_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_ YRS \_\_\_\_\_\_\_\_MOS. YOUR POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START FINAL  BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| FROM (Mo/Yr) \_\_\_\_\_\_\_\_ TO (Mo/Yr) \_\_\_\_\_\_\_\_ TOTAL \_\_\_\_\_\_\_\_ YRS \_\_\_\_\_\_\_\_MOS. YOUR POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YOUR SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  START FINAL  BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBLITIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*(ATTACH ADDITIONAL PAGE IF NECESSARY)*

### REFERENCES

|  |  |
| --- | --- |
| NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY,STATE,ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DAYTIME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (No Relatives) | NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY,STATE,ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DAYTIME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (No Relatives) |
| NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY,STATE,ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DAYTIME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (No Relatives) | NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY,STATE,ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DAYTIME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (No Relatives) |

### EMERGENCY CONTACT

|  |
| --- |
| NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### AUTHORIZATION AND AGREEMENT

|  |
| --- |
| I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S): □ YES □ NOMY PAST EMPLOYERS: □ YES □ NO I hereby authorize the City of Pacific, its representatives, employees and agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I hereby release the City of Pacific, its agents and all providers of information from any liability arising out of the gathering and use of such information.  I understand all offers of employment are conditioned upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization.  I certify the information provided in this application is true and complete to the best of my knowledge. I understand that withholding pertinent information and/or submitting false or misleading information on this application or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire and immediate dismissal from employment. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.  I understand and agree that if I am applying for a law enforcement position, I am required to comply with all the requirements of the Washington State Criminal Justice Training Commission and the City of Pacific Police Department.  I understand that acceptance of this application by the City of Pacific neither expresses nor implies that I will be offered employment.  **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.**  SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| DISCLOSURE AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES  **To: All Applicants For Employment** *(Please Read Carefully Before Signing Below)*  As an applicant for employment with the City of Pacific, you have rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the City of Pacific may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment (if you are hired); or (4) making other employment-related decisions directly affecting you.  A “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others. A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes. An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.  In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act. In addition, before any adverse action is taken, based in whole or in part on information contained in a consumer report or investigative consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the Fair Credit Reporting Act.  **AUTHORIZATION**  By signing below, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), hereby voluntarily authorize the City of Pacific to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.  A copy of this authorization is as valid as the original.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name *(please print)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date Signed |

***(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)***