

CITY OF LIBERTY LAKE

22710 E Country Vista Drive
 Liberty Lake WA 99019
 Phone: (509)755-6700
 Fax: (509) 755-6713

Employment Application

The City of Liberty Lake is an Equal Opportunity Employer

(Please Print or **Type**. Applications that say "refer to Resume" will not be considered.)

GENERAL

Date: _____

Position applied for: _____

Driver's License # _____

Name: (Last / First / Middle) _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone Number: (____) ____-____

Work Phone Number: (____) ____-____

Are you 18 years of age or older Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

EDUCATION*

Type	Name(s) Location(s)	Course of Study	# Years Completed	Degree/ Diploma
High School				
College				
Technical or Other				

(Note: All college level education references are subject to verification)

EMPLOYMENT HISTORY (Please attach a second sheet if necessary)

Company Name Address & Telephone Number	Kind of Work	Date: Started Left	Rate of Pay	Reason for Leaving

U.S. MILITARY SERVICE

Branch of Service: _____

From: _____ to: _____

Type of Discharge: _____

Rank and Type of Service: _____

Training/Experience Received: _____

PROFESSIONAL REFERENCES

Name / Place of Employment / Title / Phone Number

1. _____

2. _____

3. _____

4. _____

May the City of Liberty Lake, Washington contact your current employer? Yes No

If NO, When can the City contact your current employer? _____

ADDITIONAL INFORMATION

Salary Desired \$ _____

How were you referred to our organization? _____

Do you have any relatives who are employed by this Organization? Yes No

Please Specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? Yes No

Please Specify: _____

Have you ever been fired? Yes No If yes, please provide an explanation on the reverse side of this document.

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

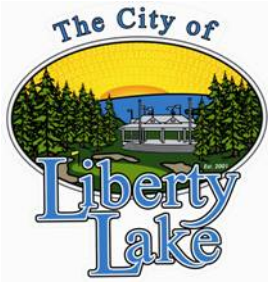
I understand that the City of Liberty Lake, Washington follows an "employment at will" policy, in that I or the City may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changes verbally or in writing, unless the change is specifically authorized in writing by the Mayor of Liberty Lake. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that if a conditional job offer is made, I agree to undergo a job-related physical examination, drug/alcohol screening test, and understand that employment is contingent upon the outcomes.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____

Date: _____



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Background / Reference Check Permission

I, the undersigned applicant for employment with the City of Liberty Lake, Washington, in consideration of the review of my employment application, do hereby give the City or an independent investigating agency authorization to conduct a thorough investigation of my professional and personal background, including credit, criminal, driving, and all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein to provide any information requested about me.

I understand and agree to waive any claim or cause of action relating to use of any and all information gained through this investigation or release of information, and promise to defend and hold harmless the City of Liberty Lake, Washington, its officers and employees from any claim or loss arising from such investigation and/or release of information.

It is my intention that any copy of this authorization be as effective as the original.

Signature: _____

Print Name: _____

Date: _____