

**City of McCleary**

The City of McCleary is an equal opportunity employer. We hire, train, and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of McCleary affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-off, discharge, rates-of-pay, training, and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City of McCleary and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
ADDRESS	CITY	COUNTY	STATE	ZIPCODE
PHONE NUMBER	ALTERNATE NO. WHERE YOU MAY BE CONTACTED		SOCIAL SECURITY	
SOCIAL SECURITY	CURRENT VALID DRIVERS LICENSE		STATE	
ARE YOU 18 YEARS OF AGE OR OLDER YES NO		DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO Number:		
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MCCLEARY? YES NO EXPIRATION DATE:				
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MCCLEARY?			YES	NO
DO YOU AUTHORIZE THE CITY OF MCCLEARY TO INVESTIGATE YOUR DRIVING RECORD? IF YES, AN ABSTRACT DRIVING RECORD FROM THE DEPT. OF LICENSING MAY BE REQUIRED.			YES	NO
JOB TITLE/DEPARTMENT:		DATES EMPLOYED FROM:		TO:
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF MCCLEARY NAME:		JOB TITLE/DEPARTMENT:		

EDUCATION

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING?												
HOW DID YOU HEAR ABOUT THE POSITION WHICH YOU ARE APPLYING FOR?												
DO YOU WISH TO WORK:			FULL TIME			PART TIME			TEMPORARY			SUMMER
WHAT IS YOUR MINIMUM SALARY REQUIREMENT?					\$	PER:						
DATE AVAILABLE TO START:												
DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?												
YES NO SPECIFY COMMITMENTS:												
CHECK HIGHEST GRADE COMPLETED:			1	2	3	4	5	6	7	8	9	10 11 12
HIGH SCHOOL DIPLOMA:			YES NO			EQUIVALENCY-GED			YES NO			
NAME AND LOCATION OF THE LAST HIGH SCHOOL ATTENDED:								CITY			STATE	

COLLEGES AND UNIVERSITIES ATTENDED:

NAME AND LOCATION	DATES ATTENDED		GRADE POINT AVERAGE	MAJOR/MINOR DEGREE FIELD OR PROGRAM OF STUDY	DEGREE RECEIVED
	FROM	TO			
	MO.	YR.			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC) BELOW

NAME AND LOCATION	DATES ATTENDED		TOTAL MONTHS COMPLETED	COURSES OR SUBJECTS TAKEN	CERTIFICATES OR OTHER PERTINENT INFORMATION
	FROM	TO			
	MO.	YR.			

PREVIOUS JOB EXPERIENCE

LIST ALL JOBS HELD I THE LAST 10 YEARS. START WITH YOUR PRESENT OR MOST RECENT ONE AND WORK BACK.

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT? YES NO

JOB 1 PRESENT OR MOST RECENT JOB				EMPLOYER:
FROM:	TO:	TOTAL TIME:		ADDRESS:
MO/YR:	MO/YR:	YEARS:	MONTHS:	PHONE NUMBER:
REASON FOR LEAVING:				JOB TITLE:
SPECIFIC DUTIES:				SUPERVISOR'S NAME AND TITLE:
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):				
JOB 2 PRESENT OR MOST RECENT JOB				EMPLOYER:
FROM:	TO:	TOTAL TIME:		ADDRESS:
MO/YR:	MO/YR:	YEARS:	MONTHS:	PHONE NUMBER:
REASON FOR LEAVING:				JOB TITLE:
SPECIFIC DUTIES:				SUPERVISOR'S NAME AND TITLE:
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):				

JOB 3 PRESENT OR MOST RECENT JOB				EMPLOYER:
FROM:	TO:	TOTAL TIME:		ADDRESS:
MO/YR:	MO/YR:	YEARS:	MONTHS:	PHONE NUMBER:
REASON FOR LEAVING:				JOB TITLE:
SPECIFIC DUTIES:				SUPERVISOR'S NAME AND TITLE:
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):				

SPECIAL SKILLS-OFFICE

COMPUTER SKILLS: NONE BEGINNER CAPABLE ADVANCED

PROGRAMS YOU ARE PROFICIENT WITH:

WINDOWS WORD EXCEL POWERPOINT
PUBLISHER VISIO ACROBAT

GENERALLY, DESCRIBE YOUR COMPUTER SKILLS:
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE:
OTHER OFFICE SKILLS:

SPECIAL SKILLS -FIELD

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE:
LEVEL OF SKILL:
YEARS OF OPERATING EXPERIENCE:
OTHER SKILLS:

MILITARY SERVICE

DATES OF U. S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION	
FROM		TO			CLAIMING VETERAN PREFERENCE OR DISABLED, ATTACH A COPY OF YOUR DD-214 AND/OR YOUR DISABILITY LETTER	POINTS CLAIMED
MO	YR	MO	YR			5
LIST ANY SPECIALIZED TRAINING IN THE MILITARY:						
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:						

NAME _____

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF MCCLEARY AT THE EMAIL ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-EMPLOYMENT MEDICAL EXAMINATION: APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF MCCLEARY.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF MCCLEARY TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PREEMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF MCCLEARY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF MCCLEARY TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF MCCLEARY OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT ANY OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF MCCLEARY RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF MCCLEARY, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE _____

