City of Royal City 445 Camelia St NE / PO Box 1239 Phone # 509-346-2263 email address: janice@royalcitywa.org

The City of Royal City is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race and color, religion and creed, national origin, sex, marital status, HIV, AIDS, and hepatitis C status, honorably discharged veteran or military status, age, disability, pregnancy and maternity, sexual orientation and gender identity, use of a guide dog or other service animal, genetic information or any other protected class status. Applicants with disabilities may be entitled to reasonable accommodation in the hiring process. Please contact city hall if you need assistance completing this application or to otherwise participate in the hiring process.

Complete all information from this point forward. An incomplete application may disqualify you from further consideration.

1	Applicant: Write the Posit	ion Title of the job you ar	e applying for here				
Name	(Last)		(First)	(Middle)			
	(Last)		(FIISt)	(Middle)			
Address	Cit	x 7	State	Zip			
Home	Ci	y					
Phone ()	Cell ()	Work ()	Email				
Are you authorized to work in the United States for [Member Name]							
(Note: If hired, a form I-9,							
Employment Eligibility Verification must be completed at the start of)n,	Are you over the are	of 18? 🗌 Yes 🗌 No				
employment).	🗌 Yes 🗌 No	The you over the age					
If you are applying for a position	where you will be expected #	o drive on					
duty, do you have, or can you obta		e Driver's					
License?			es 🗌 No 🗌 N/A				
TRAINING AND EDUCATION							
Highest Grade Completed: 8	9 10 11	12 GED					
Colleges/Other Training	Subj	ect/Major	Degree/Certificat	te			
EQUIDMENT OFFICE AND CO	MDUTED CVILLS						
EQUIPMENT, OFFICE AND CO Describe computer and other equipr		programs used, typing speed	& other information relev	ant to the position for which you			
are applying.		programs used, typing speed					
ODIMINAL CONTROLONG							
CRIMINAL CONVICTIONS The City of Royal City is mindful of	fits obligation to amploy qua	ified nervone and its antitlam	ant un dan laur ta aanaidan (an applicant's convictions record			
as it relates to job performance. A conviction record will not automatically disqualify you for employment. Later in the hiring process, those applicants who have advanced in the process will be asked to disclose information about their criminal history in the last ten years.							
	~						
PROFESSIONAL REFERENCE	\$						
Name/Title	F	Employer]	Phone ()			

Beginning with your present or most recent employment, list all work/experience history for the last 10 years, and experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. If you have been known by a different name by any of these employers, please identify the employer and state the name here :

		Mo/Year		Mo/Year
Employer's Name	From	NIO/ I ear	То	Mo/ Fear
Address	Supervisor		_	
Phone	Hours Worked	Per Week		
Position		I el Ween		
Number Of Employees Supervised By You	_			
	_			
Reason For Leaving				
Primary Duties				
		Mo/Year		Mo/Year
Employer's Name	From		То	
Address	Supervisor			
Phone	Hours Worked	Per Week		
Position	_			
Number Of Employees Supervised By You	_			
Reason For Leaving				
Primary Duties				
•				
	E	Mo/Year	T .	Mo/Year
Employer's Name	From	Mo/Year	_ To	Mo/Year
Address	Supervisor		_ To	Mo/Year
Address			_ To	Mo/Year
Address Phone Position	Supervisor		_ To	Mo/Year
Address Phone Position Number Of Employees Supervised By You	Supervisor		_ To	Mo/Year
Address Phone Position	Supervisor		_ To	Mo/Year
Address Phone Position Number Of Employees Supervised By You	Supervisor		To	Mo/Year
Address	Supervisor		_ To	Mo/Year
Address	Supervisor		_ To	Mo/Year
Address	Supervisor		_ To	Mo/Year
Address	Supervisor	Per Week	_ To	
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties	Supervisor			Mo/Year Mo/Year
Address	Supervisor Hours Worked	Per Week	_ To	
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Primary Duties Employer's Name Address	_ Supervisor _ Hours Worked _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Per Week		
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Primary Duties Employer's Name Address Phone	Supervisor Hours Worked	Per Week		
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Primary Duties Employer's Name Address Phone Position	_ Supervisor _ Hours Worked _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Per Week		
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Primary Duties Employer's Name Address Phone Position Number Of Employees Supervised By You	_ Supervisor _ Hours Worked _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Per Week		
Address Phone Position Number Of Employees Supervised By You Reason For Leaving Primary Duties Primary Duties Employer's Name Address Phone Position	_ Supervisor _ Hours Worked _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Per Week		

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I am applying for employment in a position where I will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Royal City will complete a thorough background check as allowed by the Child/Adult Abuse Information Act. Background checks are also completed for other positions. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I am applying for a safety sensitive position or one which requires a Commercial Driver License. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification and/or dismissal. I understand that nothing in this application or my communications with any City of Royal City official is intended to create an employment contract between the City of Royal City and me.

Signature

Date

City of Royal City 445 Camelia Street NE / PO Box 1239 janice@royalcitywa.org