



City of Camas Employment Application

Human Resources Department
616 NE Fourth Avenue – PO Box 1055
Camas, Washington 98607
(360) 817-1530 • Fax (360) 817-1574
www.ci.camass.wa.us

HR Use Only:

Received: _____
Date: _____

An Equal Opportunity Employer

Important Information about the Application Process

- Carefully read the job announcement for the position you are applying for. Applicant materials and communications will be considered as determined appropriate by the City during our screening and selection process. Therefore, it is important that all materials be accurate, neat and complete. Once received, all application materials become the property of the City of Camas. Incomplete or late application materials will not be considered.
- Employment with the City may require transfer to different shifts or work locations. In the case of some positions, this may include overtime or evening, weekend or holiday hours. In accepting employment with the City, you are affirming your ability to accept such transfers and hours.
- In accordance with Federal law proof of identity and proof of authorization to work in the United States is required upon employment. This may also include individuals who have the right to work under an employment visa or similar document.
- If you require accommodations to participate in the application or selection process, please contact Human Resources.
- Unless otherwise stated in the job announcement, only complete City of Camas *Employment Applications* will be considered in the selection process. All materials submitted along with your application become property of the City of Camas and will be used in our selection process. By signing this application you are affirming that all information you provide is accurate and complete.
- Applications are considered active for 90 calendar days. We accept applications only for positions which are currently posted.
- **PLEASE TYPE OR PRINT CLEARLY. ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED. NO FAXES OR COPIES!**

Applicant Information

A separate application must be submitted for each position you are applying for.

Position Title Applying For:		
Date of Application:	Do you qualify for Veteran's preference (POLICE AND FIRE DEPT. POSITIONS ONLY – Please attach DD214 if requesting preference) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number:		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone: ()	Daytime Phone: ()	
Other names known by:		

Employment History

- Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self-employment, and military experience.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- Additional pages of work history may be attached if necessary.
- A resume, while strongly encouraged, is not a substitute for this application unless otherwise noted in the job announcement.

Current or Most Recent Job Title:	Start Date:	End Date:
Employer:	Phone: () -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: () -	
Employer Address:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: () -	
Employer Address:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Job Title:	Start Date:	End Date:
Employer:	Phone: () -	
Employer Address:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Duties and Responsibilities:		

Do you expect to be engaged in any other business or employment while working for the City of Camas?
 Yes No Please explain: _____

Education, Training, Certificates & Licenses

Do you have a high school diploma, GED or equivalent? Yes No

Colleges, universities, military, trade, business or other schools attended

Name of School	Location of School	Major Subject	Credits Completed		Specify Degree or Certificate Earned
			Semester hours	Quarter hours	

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job function.

List driver's license or other certificates required for this position

Title of License or Certificate	Number	Issuing Agency	Date Issued/Date of Expiration
			/
			/
			/

If a driver's license is required for this position, have you received any tickets in the last three years for moving violations? Yes No

Personal References

Please provide two (2) non-related references we may contact who are not former supervisors.

Name	Address and Phone Number	Relationship and Years Acquainted

General Information

- Are you now, or have you ever been employed/a volunteer at the City of Camas? Yes No

If yes, please select the appropriate employment status: Regular Temporary/Seasonal
 College Intern Volunteer

Please give job title, department, and dates worked: _____

- Do you have relatives employed by the City? Yes No

If yes, please give name, relationship and department: _____

- Are you at least 18 years old? Yes No

Note: Due to occupational safety guidelines, some positions may have a minimum age requirement, which is noted on the job announcement if applicable.

- Are you able to safely perform the essential job functions of this position, as noted on the job announcement, with or without reasonable accommodation? Yes No

- Have you been convicted of a crime or served time in prison during the last 10 years? Yes No
If yes, attach additional page with explanation of conviction(s) to this application. Please include the date, exact charge, jurisdiction and disposition. *Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to the duties of the position.*

Certification of Information, Authorization & Release

BY MY SIGNATURE BELOW, I:

- *Understand* that as required by the Health Insurance Portability and Accountability Act of 1996, the City may not use or disclose my health information, except as provided in the City's Notice of Privacy Practices, without my authorization. My signature on this form indicates that I am giving permission for the uses and disclosures of protected health information as described in the City's published Notice. I may revoke this authorization at any time by contacting the City's Human Resources Department;
- *Certify* that all information I provide as part of this application process is true and complete to the best of my knowledge and that I understand that any misstatement of fact may result in my disqualification from consideration for City employment or in the termination of my City employment;
- *Agree* that I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified;
- *Understand* that if I apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening and I could be subject to random testing after hire;
- *Authorize* the City of Camas to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the City of Camas any pertinent information about my employability;
- *Release* the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the City of Camas from all liability whatsoever incurred in obtaining and/or using such information;
- *Release* the City of Camas, its employees, and agents from all liability and/or claims whatsoever related to obtaining and/or using such information.

Signature of Applicant	Date
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AN ORIGINAL SIGNATURE IS REQUIRED.

Optional Applicant Surveys

THIS INFORMATION IS VOLUNTARY AND WILL BE KEPT SEPARATE AND CONFIDENTIAL.

Position Title Applying For: _____ Date of Application: _____

RECRUITMENT

The City of Camas is continually evaluating our recruitment efforts. We are therefore requesting your assistance in completing the following survey so we may improve our recruiting efforts. Please specifically indicate how you learned of this position.

- City of Camas website (www.ci.camamas.wa.us)
- Other website (specify): _____
- Oregon Employment Department WorkSource Washington
- The Oregonian The Columbian
- Other advertisement or publication (specify): _____
- Organization, School or Group. If so please provide agency name: _____
- Referred by current City employee. If so who? _____
- City's Human Resources Department

EQUAL EMPLOYMENT OPPORTUNITY

The City of Camas is an equal opportunity employer. To assist in our record keeping, reporting, and other legal requirements, please complete the following survey.

Race

- African-American or Black (not Hispanic or Latino) - All persons having origins in any of the African-American racial groups.
- Hispanic or Latino – All persons of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- Two or more races (Not Hispanic or Latino)
- White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian (not Hispanic or Latin)
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

Gender Male Female

Date of Birth _____

Disability

Are you an individual with a disability?

Yes No