



Application for Employment With:

Town of Twisp (509)997-4081

NOTE: COMPLETE 2 PAGES!!

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Town representative at 997-4081/ or TDD at 1-800-833-6388.

Position(s) applied for: _____ Date of application: _____
Name: _____ Social Security #: _____
LAST FIRST MIDDLE
Address: _____ STREET CITY STATE ZIP CODE
Telephone #: _____ Cell/Pager/Other Phone#: _____ Email Address: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
If no, please explain:
Have you ever been employed here before? If yes, give dates and positions: Yes No
Are you legally eligible for employment in this country? Yes No
Date available for work..... What is your desired salary range?
Type of employment desired Full-time Part-time Temporary/Seasonal
Are you able to meet the attendance requirements of the position? Yes No
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
If yes, please provide date(s) and details

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Provide the following information from your past four (4) employers, assignments or volunteer activities, starting with the most recent.

Table with 4 columns: From, To, Employer, Telephone #. Rows include Starting Job Title/Final Job Title, Address, Immediate Supervisor & Title, Summarize the Nature of Work Performed And Job Responsibilities, May We Contact For Reference?, Reason For Leaving, Hourly Rate/Salary.



The Town of Twisp (509)997-4081

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

NAME AND LOCATION	# OF YRS COMPLETED	DID YOU GRADUATE?	MAJOR/DEGREE?	COURSE OF STUDY
High School				
College				
Other				
Other				

Applicant Statement

I hereby certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I further understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for this or another position, it will be necessary for me to reapply and fill out a new application unless the employer instructs me otherwise.

If I am hired, I understand that the employer is an at-will employer meaning I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town's Mayor and attorney.

I also understand that if I am offered employment, I will be required to provide proof of identity and legal authority to work in the United States and that I will need to pass a background check and drug test prior to my starting work. Further, I understand that the background investigation will result in the preparation of an investigative consumer report, which would include information as to my character, general reputation, personal characteristics, and mode of living. Applicants may submit a written request to the Town of Twisp for a complete and accurate disclosure of the nature and scope of the requested investigation. If any adverse actions in employment are taken based on the information contained in this report, I understand I can request a copy of said report at no charge.

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing Applicant's Statement and seek employment under these conditions of my own free will and that I accept all terms of the foregoing Statement.

Date

Applicant's Signature

Company:	Town of Twisp
Phone:	509-997-4081

RELEASE AUTHORIZATION

In connection with my application for employment and/or continued employment and/or contract employment with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Position Applying for: _____

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip	Driver's License # / State	
Other Last Names Used	Other States and Counties I have lived in as an adult...		State	County	Zip	From (year)	To (year)
		1					
		2					
		3					
		4					

Have you ever been charged or convicted of a crime: Yes No
 If yes, what State & County: _____ What was the nature of the crime?
 (give details): _____
 Estimated Annual Earnings: _____

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
 P.O. Box 277
 Anacortes, WA 98221
 Phone: (800) 341-0022
 Fax: (800) 522-6722