



**City of West Richland**  
 3100 Belmont Blvd  
 Suite 100  
 West Richland, WA 99353  
 Phone: (509) 967-3431  
 Fax: (509) 967-5706  
[www.westrichland.org](http://www.westrichland.org)

## **Employment Application**

The City of West Richland is an Equal Opportunity Employer

Applications for employment with the City of West Richland are available only when a vacancy exists and only for the time period specified in the announcement.

(Please Print or Type. Applications that say “refer to resume” will not be considered.)

### **GENERAL**

Position Applied for		Date of Application
Name—Last, First & Middle Name		Email Address
Address—Number & Street		
City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number

Date Available for work \_\_\_\_\_

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

Are you 18 years of age or older    Yes    No

Do you have a valid WA State Driver’s License    Yes    No    If other State, which? \_\_\_\_\_  
*(A valid driver’s license is required only where stated on the job announcement)*

### **EDUCATION\***

	Name(s)/ Location(s)	# of Years completed	Course of Study	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)

Date/Month/Year	Company Name Address & Phone Number	Position or Kind of Work	Reason for Leaving
From			
To			
From			
To			
From			
To			

**US MILITARY SERVICE**

Branch of Service	From	To	Rank and Type of Service
Type of Discharge	Training/Experience Received		

**PROFESSIONAL REFERENCES**

Name	Place of Employment	Title	Phone Number

May the City of West Richland, 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

If yes, 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.

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**APPLICANT'S STATEMENT**

I understand that the City of West Richland, 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 changed verbally or in writing, unless the change is specifically authorized in writing by the Mayor of West Richland. 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 a background check. I further 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.

Applicant Signature	Date
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### **Consent to Procurement of Background Check**

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I, the undersigned applicant for employment with the City of West Richland, Washington, in consideration of the review of my 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 West Richland, 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.

***PLEASE PROVIDE THE FOLLOWING INFORMATION***

Applicant Name:

\_\_\_\_\_

Last	First	Middle
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Alias/Maiden/Other Name(s):

\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Position Applied For:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date