

**TOWN OF ODESSA  
21 EAST FIRST AVENUE  
PO BOX 218  
ODESSA, WA 99159  
509-982-2401**

**EMPLOYMENT APPLICATION**

READ AND COMPLETE APPLICATION CAREFULLY

ALL questions must be answered by printing in ink or by typing. Do not answer any questions by stating "See Resume". Return the completed application to the Town Clerk's Office at Town Hall. The application must be received by the closing time and date stated in the job announcement. The application must be signed and dated. If required, attach resume to the back of application.

**The Town of Odessa is an Equal Opportunity Employer and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or handicaps unless based a bona fide occupation qualification. If you believe you have been discriminated against, you should notify the Mayor immediately.**

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

**I. PERSONAL HISTORY:**

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Present Address: \_\_\_\_\_  
(NUMBER) (STREET)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you meet the minimum age requirements of the job? \_\_\_\_\_

State Drivers License Number: \_\_\_\_\_ CDL: \_\_\_ If yes, which class \_\_\_\_\_

List any relatives employed by the Town: \_\_\_\_\_

List any criminal and traffic convictions in the past seven years. If you are applying for a driving position, list traffic offenses also. *(This information may not necessarily bar you from employment.)* Town reserves the right to conduct a review of information about previous criminal convictions.

\_\_\_\_\_  
(CONVICTION) (DATE)

\_\_\_\_\_  
(CONVICTION) (DATE)

\_\_\_\_\_  
(CONVICTION) (DATE)

*(Attach additional page if more room is needed.)*

Professional or work related references. *(Do not list relatives.)*

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NUMBER)

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NUMBER)

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE NUMBER)

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements (Shift work, weekends, or evenings)?

\_\_\_\_\_ Yes \_\_\_\_\_ No Comments \_\_\_\_\_

**II. MEDICAL AND PHYSICAL HISTORY:**

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations?

\_\_\_\_\_ Yes \_\_\_\_\_ No Comments \_\_\_\_\_

**III. RECORD OF EDUCATION:**

High School: \_\_\_\_\_  
(NAME) (CITY/STATE)

Last Grade Completed: \_\_\_\_\_ Did You Graduate: \_\_\_\_\_ Diploma/GED: \_\_\_\_\_

College: \_\_\_\_\_  
(NAME) (CITY/STATE)

Did you Graduate: \_\_\_\_\_ Type of Degree/Course of Study: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Did you Graduate: \_\_\_\_\_ Type of Degree/Course of Study: \_\_\_\_\_

What experiences, skills, training, qualifications or certifications do you feel would especially fit you for the work for which you are applying? Town reserves the right to verify job-related licenses/certificates, and authorization to verify job-required degrees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. RECORD OF EMPLOYMENT:**

List all present and past employment (Current employer first) for the past ten (10) years.  
(Attach additional page if more room is needed.)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ End \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ End \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_ Salary: Beginning \_\_\_\_\_ End \_\_\_\_\_

Describe Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ If no, why? \_\_\_\_\_

**V. MILITARY SERVICE**

Have you been in the U.S. Armed Forces?\_\_\_\_\_ If yes, what branch?\_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

List duties, include special training: \_\_\_\_\_

Are you presently a member of a Reserve or National Guard Unity? \_\_\_\_\_

**VI. SPECIAL CERTIFICATIONS/SKILLS/INTERESTS:**

*(Attach additional page if more room is needed.)*

Equipment/Machines operated: \_\_\_\_\_

\_\_\_\_\_

Civic Activities/Volunteer or Other Work: \_\_\_\_\_

**VII. PLEASE READ THE FOLLOWING STATEMENT, THEN SIGN AND DATE YOUR APPLICATION. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND THE FOLLOWING STATEMENT:**

The facts set forth in my application for employment are true and complete. I am legally able to accept employment in the United States. I understand that employment is contingent upon review of an abstract of my driving record that I qualify as a driver for the Town (Driver Positions Only.)

I authorize the Town of Odessa to investigate all statements in the application and to secure any and all necessary information from all my employers, references, academic institutions. I hereby release all of those employers, references, academic institutions, and the Town of Odessa from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and by suitability for employment with the Town. You are hereby authorized to make any job related investigation of my personal history including credit references through any investigative agencies of your choice. For this purpose, please list any names by which you have been known as: \_\_\_\_\_

I understand that I have the right to provide additional information in the case of derogatory information as well as requesting a copy of my consumer credit report from the agency that provided it to the Town of Odessa.

Any offer of employment made by the Town to prospective full-time and regular part-time employees will be contingent upon satisfactory completion of the employee testing exams. A drug screening will be part of the physical exam. Anyone refusing the drug screening or testing positive for illicit or misused drugs will not be hired. Failure to sign consent for drug screening will be treated the same as an incomplete application and the applicant will be removed from further employment consideration. A polygraph and psychological examination will be required for some positions. Any testing required will be paid for by the Town of Odessa. Passing the employment testing does not guarantee employment with the Town of Odessa.

I understand that false statements on this application shall be considered sufficient cause for dismissal. I understand that nothing in this employment application, the Town's policy statement or personnel guidelines, or in my communications with any Town official is intended to create an employment contract between the Town of Odessa and me. I also understand that the Town of Odessa has the right to modify its policies without giving me any advance notice of the changes. I understand that employment can be terminated with or without cause and with or without notice, at any time, at the option of the Town of Odessa or the employee.

\_\_\_\_\_  
(APPLICANTS SIGNATURE)

\_\_\_\_\_  
(DATE)