



Application for Employment With:

Town of Twisp (509)997-408. 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.

From To Employer Telephone #
Starting Job Title/Final Job Title Address
Immediate Supervisor & Title Summarize the Nature of Work Performed And Job Responsibilities
May We Contact For Reference? YES NO LATER
Reason For Leaving

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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 final offer of employment and/or continued employment and/or contract employment and/or volunteer position 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		
Other Last Names Used				Driver's License # / State			
Other States and Counties I have lived in as an adult...		1	State	County	Zip	From (year)	To (year)
		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

Town of Twisp
Administrative Assistant
Job Description

Pay Range - \$11.50 - \$13.50 per hour

Job Title: Administrative Assistant – Part-Time Regular Employee (without benefits)

Department: Administrative

Reports To: Clerk/Treasurer

Principal Purpose of the Job: Customer service and assisting the Mayor, Clerk/Treasurer, and Deputy Clerk in daily tasks as they arise.

Work Environment: Work is performed primarily in an office setting, community meeting rooms and may involve visiting other work sites.

Essentials Job Functions:

- Daily pickup, opening, and distribution of mail
- Delivering deposits to the bank, maintain adequate cash for the Petty Cash drawer and collect swimming pool deposits (during the summer)
- Light Cleaning
- Website Update and Maintenance
- Data Entry
- Answering Phones
- Assisting Customers at the front counter
- Preparation of various documents
- Assist the Deputy Clerk with administrative duties of the Building and Planning Departments
- Maintain the Complaint Log – Include checking in weekly with the departments that were assigned to handle the complaint to make sure the task has been completed.
- Keep track of supplies for the copier and the postage machine, including ordering supplies and making sure the postage machine has an adequate amount of postage for utility billing and daily mailings.
- Filing (as assigned)
- Assisting with office projects (i.e. grants, presentations, etc.) when needed

Essential Qualifications:

A very good understanding of how to use Word and Excel and the ability to learn other computer programs and apps as needed

The ability to research and summarize your findings

Excellent phone and customer service communication skills

The ability to multi-task in a busy environment

Ability to communicate well with customers in an effective manner despite their disposition and the way in which they address you

PERIPHERAL DUTIES:

Works closely with other departments.

Attend training classes if necessary.

SKILLS AND ABILITIES:

Ability to use machines: Fax Machine, Copy Machine, Two Line Telephone Routing, Computer and Software, Printers, basic knowledge in BIAS Software or to learn, 10 Key Calculator, and Audio/Visual Equipment

Ability to help people with their questions.

WORKING CONDITIONS:

Office work, mostly sitting with continuous getting up to wait on customers, answer questions etc. Physical demands described herein are comparable of those that must be met by a person to successfully perform the essential duties of this job. Reasonable accommodations may be made to assist individuals with disabilities to perform the essential duties.

While performing the duties of this job, the person is frequently required to sit, talk, and hear. The employee is often required to stand, walk, and use hands and fingers to handle or feel objects, tools or controls: reach with hands and arms.

MINIMUM QUALIFICATIONS:

High School diploma/GED and work experience or college equivalent.

Ability to lift 30 pounds.

Ability to remain insured under town's insurance carrier.

Job Description Received:

The statements contained herein reflect general details as necessary to describe the principal functions of this job and the level of knowledge and skill typically required and the scope of responsibility but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as needed, including the work in other functional areas to cover absences or relief, to equalize peak work periods, or to otherwise balance the work load.

Employee

Date

Supervisor

Date