



CITY OF SNOHOMISH

Founded 1859, Incorporated 1890

116 UNION AVENUE □ SNOHOMISH, WASHINGTON 98290 □ TELEPHONE (360) 568-3115 FASCIMILE (360) 568-1375

EMPLOYMENT APPLICATION

An incomplete application may delay action or disqualify you. Please type or use ballpoint pen in completing this application.	Position Applied For:
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PERSONAL

Name: Last		First	M.I.
Street Address:		Home Phone:	
City:	Zip:	Daytime Phone:	
State:			
<i>Have you resided at the above address at least 3 years? If no, give prior address below.</i>			
Prior Address:	Driver's License Number/State Expiration Date: _____ <i>(if driving is an essential job function)</i>		If under 18 years of age, can you furnish a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied for employment with the City of Snohomish? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: Month and year _____ Department _____			
Are you available for full-time employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, when can you work?			
You may need to work overtime. Will such a requirement create a problem for you? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why?			
Do you have relatives working for the City of Snohomish? If yes, who?			
Have you ever worked for, or are you acquainted with other City of Snohomish employees? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?			

EDUCATION

TYPE OF SCHOOL	SCHOOL AND LOCATION	MAJOR COURSES	CREDIT HOURS EARNED	YEARS ATTENDED	DEGREE RECEIVED
High School or GED					
Business or Technical					
Undergraduate Studies					
Graduate Studies					
Other Courses or Training					

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation? YES NO

Describe your abilities, knowledge and skills that qualify you for this position:

List your licenses or certificates (professional or trade licenses or certificates required for this position)

Have you been convicted of a criminal offense or released from jail within the past 10 years? (An affirmative answer will not automatically disqualify you from being considered for employment.)

YES NO If yes, list below:

Name of Court	City and State	Date of Conviction
Details:		

WORK HISTORY

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. **COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.**

In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason.

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

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Address:	Supervisor:	
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Position Title:	Ending Salary:	
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Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Hours worked per week:	Starting Salary:
Position Title:	Ending Salary:	
Primary Duties:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Were you known by a different name by any of the above employers or educational institutions? () YES () NO
If yes, please identify the employer or educational institution and state the name by which you were known:

DRIVERS RECORD REQUIREMENT

For positions requiring a valid Washington State Drivers License, a five-year Employment Driving Record Abstract from the State Department of Licensing is required and must be attached to the completed employment application. Applications without the abstract will not be considered. A driving record abstract can be obtained at any State DOL office upon request. A nominal fee, plus your driver’s license for identification, is required by the State DOL office.

ACCOMMODATION

If you need accommodation in order to complete or participate in the application or interview process, please notify the Human Resources Office at (360) 568-3115.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the City to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, veteran status, marital status, political affiliation, sexual orientation, the presence of sensory, mental or physical disability, or other basis prohibited by federal, state or local law. This policy applies to all areas of employment, including, but not limited to, recruitment, selection, placement, retention and separation.

AT-WILL STATUS

I understand that, if employed, I am employed “at-will” and the employment relationship between the City and me can be terminated with or without cause and with or without notice at any time by either the City or me.

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Employment Opportunity statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the City to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City.

Date:	This is a legal document, read it carefully before signing. Signature:
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AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for the City of Snohomish, to contact any and all of my prior employers to inquire about any and all aspects of my current and prior employment. I understand and agree that the City of Snohomish may ask for and receive information regarding my performance, duties, compensation and any other matter in any way related to my current and prior employment. I hereby waive any right I may have, now or in the future, to bring a claim against the City of Snohomish, its past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information about which it may inquire or receive from any of my prior employers. I also hereby waive any right I may have, now or in the future, to bring a claim against any of my current and prior employers, as well as their past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to the City of Snohomish. I acknowledge that this permission and waiver are freely and voluntarily given to the City of Snohomish.

Signature

Printed Name

Date