APPLICATION FOR EMPLOYMENT

CITY OF POULSBO
200 NE Moe Street
POULSBO, WA 98370
PHONE (360) 779-3901; FAX (360) 779-5112

Title of Position you are applying for: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

Cellular/Work Phone: _____

E-mail Address: _____

Driver's License #: _____

Driver's License State: _____

Are you a United States Citizen? ☐ Yes ☐ No

Are you authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever been discharged or requested or forced to resign from any position? ☐ Yes ☐ No

If yes, explain:

Other than minor traffic violations, have you ever been convicted of a crime (include DUI/DWI)? ☐ Yes ☐ No

If yes, give date and explain:

Are you able to perform all of the duties and responsibilities of the position as listed in the job description for the position? ☐ Yes ☐ No

Languages spoken fluently other than English:

Are you a high school graduate or general education development (GED) equivalent? ☐ Yes ☐ No

If you have lived at this address less than 12 months, list your previous address:

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice? ☐ Yes ☐ No

Date available to begin work: _____

Type of work preferred: ☐ Full Time ☐ Part Time

☐ Temporary ☐ Summer ☐ Other

Describe Other: _____

Would you accept part time work? ☐ Yes ☐ No

Would you accept temporary work? ☐ Yes ☐ No

Will you work overtime whenever scheduled or requested? ☐ Yes ☐ No

Can you work weekends whenever scheduled or requested? ☐ Yes ☐ No

If position involves office/paperwork, complete the following:

Keyboard Speed: Approximate WPM _____

Office Machines you can operate:

Computer Programs with which you have a working knowledge:

If No, select highest grade completed: _____

Post Secondary School Training, (Trade School, Military, College, University, etc.)

Name and Location	Dates Attended	Credits Earned			Graduated	Degree	Year	Major or Subjects Taken
		Quarter Hours	Semester Hours	Other	Yes/No			

A. EMPLOYMENT HISTORY: Beginning with your most recent position, please complete the following (include and explain any gaps in employment for longer than three months).

Job Title: _____

Employer: _____

Name of Immediate Supervisor: _____

Phone Number: _____

Principal Duties and Responsibilities

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (month/year): From: _____ To: _____

Beginning Salary: $ _____ Ending/Present Salary: $ _____

Reason for Leaving/Wanting to Leave:

If employed now, may we contact your present employer? _____

B. EMPLOYMENT HISTORY: Beginning with your most recent position, please complete the following (include and explain any gaps in employment for longer than three months).

Job Title: _____

Employer: _____

Name of Immediate Supervisor: _____

Phone Number: _____

Principal Duties and Responsibilities

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (month/year): From: _____ To: _____

Beginning Salary: $ _____ Ending/Present Salary: $ _____

Reason for Leaving/Wanting to Leave:

If employed now, may we contact your present employer? _____

C. EMPLOYMENT HISTORY: Beginning with your most recent position, please complete the following (include and explain any gaps in employment for longer than three months).

Job Title: _____

Employer: _____

Name of Immediate Supervisor: _____

Phone Number: _____

Principal Duties and Responsibilities

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (month/year): From: _____ To: _____

Beginning Salary: $ _____ Ending/Present Salary: $ _____

Reason for Leaving/Wanting to Leave:

If employed now, may we contact your present employer? _____

D. EMPLOYMENT HISTORY: Beginning with your most recent position, please complete the following (include and explain any gaps in employment for longer than three months).

Job Title: _____

Employer: _____

Name of Immediate Supervisor: _____

Phone Number: _____

Principal Duties and Responsibilities

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (month/year): From: _____ To: _____

Beginning Salary: $ _____ Ending/Present Salary: $ _____

Reason for Leaving/Wanting to Leave:

If employed now, may we contact your present employer? _____

E. EMPLOYMENT HISTORY: Beginning with your most recent position, please complete the following (include and explain any gaps in employment for longer than three months).

Job Title: _____

Employer: _____

Name of Immediate Supervisor: _____

Phone Number: _____

Principal Duties and Responsibilities

Title of Individual (or group) to whom you reported: _____

Title of Individuals who reported directly to you: _____

Dates of employment (month/year): From: _____ To: _____

Beginning Salary: $ _____ Ending/Present Salary: $ _____

Reason for Leaving/Wanting to Leave:

If employed now, may we contact your present employer? _____

Please list any other names that you have ever used (including maiden name):

Please use this space to list additional remarks, licenses, special skills, training, etc. that are important for us to know about you and/or your qualifications for this position:

How did you find out about this position?

Please list the name, current phone number, and relationship of references in each of the following categories. For example, Joe Smith, (206) 333-1234, Police Sergeant of City XXX.

Type of Reference	Name	Phone Number	Relationship
Supervisor			
Supervisor			
Supervisor			
Subordinate (if applying for supervisory position)			
Subordinate (if applying for supervisory position)			
Co-worker/peer			
Co-worker/peer			
Co-worker/peer			
Personal			
Personal			

AUTHORIZATION, CERTIFICATION AND RELEASE

I authorize the City of Poulsbo, at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or which I may be employed. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligible list or, if I have been appointed, cause my dismissal. I understand that all information contained in this application may be investigated. I understand and agree that, if hired, either party may terminate the employment relationship at any time with or without cause, subject only to any applicable laws or express written agreements regulating said employment relationship.

I hereby authorize the City of Poulsbo to contact any individuals or organizations the City deems suitable to make inquiry regarding my personal character, work habits, work performance, or my knowledge, ability and skill to perform the duties of the position for which I have applied.

I hereby hold harmless and release the City of Poulsbo, and any persons or organizations contacted by the City of Poulsbo, from all liability of any kind, regarding their good faith assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied.

I understand and agree that I may be required to take a urinalysis or blood test for drug and alcohol screening as part of a preemployment physical examination, or that I may be required to take other physical or psychological examinations, and that any job offer may be conditioned upon the results of said examination(s).

Applicant Signature: _____

Date: _____