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| City of Poulsbo Application for Employment | | **Human Resources**  **Use Only** |
| Human Resources Division 200 NE Moe St  Poulsbo, WA 98370  360-394-9705 | You must submit a separate Application for each position.  Read the Position Announcement to see if a Supplemental Questionnaire is required.  **DO NOT submit a photograph of yourself.** |  |

The City of Poulsbo is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran’s status, disability, or any other basis prohibited by federal, state or local law.

**Complete all information from this point forward. An incomplete Application may disqualify you from further consideration.**

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| Applicant: Write the Position Title of the Job you are applying for here |
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| **Name** |  | | | | | | | |  | | |  | | | | | | | | |  |  | |
|  | (Last) | | | | | | | |  | | | (First) | | | | | | | | |  | (Middle) | |
| **Address** | |  | | | | |
|  | |  | | | | | City | |  | | | | | | **State** |  | | **Zip** | |  | | |
| **Home Phone** | | | ( ) | **Cell** | | ( ) | | | | | **Other** | | | ( ) | | | Email | |  | | | | | | |
| **Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)** | | | | | **Yes**  **No** | | |  | | Are you over the age of 18?  **Yes  No** | | | | | | | | | | | | | | | |
| **Do you have, or can you obtain, a valid Washington State Driver’s License?** | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | |
| **Do you wish to claim Veteran’s Preference for testing, pursuant to RCW 41.04.010?** | | | | | | | | | | | | | **Yes  No** | | | | | | | | | | | |

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| **TRAINING AND EDUCATION** |
| **Highest Grade Completed:**  **8**  **9**  **10**  **11**  **12**  **GED** |
| **Colleges/Other Training** **Subject/Major** **Degree/Certificate** **Date Completed** |
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| **EQUIPMENT, OFFICE AND COMPUTER SKILLS (if relevant to position for which you are applying)** |
| Describe computer and other equipment operation skills. Include programs used, typing speed & other information relevant to the position for which you are applying. |
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| **CRIMINAL CONVICTION** |
| The City of Poulsbo is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. **A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied.** Applicants may be asked to disclose certain information about their criminal history. |

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| **PROFESSIONAL REFERENCES (Do Not List Relatives)** | | | | | | |
| **Name/Title** |  | **Employer** |  | **Phone** | ( ) |
| **Name/Title** |  | **Employer** |  | **Phone** | ( ) |
| **Name/Title** |  | **Employer** |  | **Phone** | ( ) |

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| **SIGNATURE IS REQUIRED** | | | |
| To the best of my knowledge, the information herein is true and complete. I have read the Position Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver’s License. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification and/or dismissal. If I am applying for an exempt position, I understand that nothing in this application or my communications with any City official is intended to create an employment contract between the City and me. | | | |
| **Signature** |  | **Date** |  |

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| **WORK HISTORY** | | | | | | | | | | |
| Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying**. Complete the following sections even if you are submitting a resume** in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Employer's Name** |  | | | **From** | **Mo/Year** | | **To** | | **Mo/Year** | |
| **Address** |  | | | **Supervisor** | |  | | | | |
| **Phone** |  | | | **Hours Worked Per Week** | | | |  | | |
| **Position** |  | | | **Start Salary** | |  | | | | |
| **Number Of Employees Supervised By You** | | |  | **Last Salary** | |  | | | | |
| **Reason For Leaving** | |  | | | | | | | | |
| **Primary Duties** | |  | | | | | | | | |
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| **Employer's Name** |  | | | **From** | **Mo/Year** | | **To** | | **Mo/Year** | |
| **Address** |  | | | **Supervisor** | |  | | | | |
| **Phone** |  | | | **Hours Worked Per Week** | | | |  | | |
| **Position** |  | | | **Start Salary** | |  | | | | |
| **Number Of Employees Supervised By You** | | |  | **Last Salary** | |  | | | | |
| **Reason For Leaving** | |  | | | | | | | | |
| **Primary Duties** | |  | | | | | | | | |
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| **Employer's Name** |  | | | **From** | **Mo/Year** | | **To** | | **Mo/Year** | |
| **Address** |  | | | **Supervisor** | |  | | | | |
| **Phone** |  | | | **Hours Worked Per Week** | | | |  | | |
| **Position** |  | | | **Start Salary** | |  | | | | |
| **Number Of Employees Supervised By You** | | |  | **Last Salary** | |  | | | | |
| **Reason For Leaving** | |  | | | | | | | | |
| **Primary Duties** | |  | | | | | | | | |
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| **Employer's Name** |  | | | **From** | **Mo/Year** | | **To** | | **Mo/Year** | |
| **Address** |  | | | **Supervisor** | |  | | | | |
| **Phone** |  | | | **Hours Worked Per Week** | | | |  | | |
| **Position** |  | | | **Start Salary** | |  | | | | |
| **Number Of Employees Supervised By You** | | |  | **Last Salary** | |  | | | | |
| **Reason For Leaving** | |  | | | | | | | | |
| **Primary Duties** | |  | | | | | | | | |
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|  | **City of Poulsbo 200 NE Moe St Poulsbo, WA 98370** |

**AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS**

**References will only be checked for finalists.**

Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist. I certify that the information given by me to the City of Poulsbo is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, may result in immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Poulsbo’s interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Poulsbo, in consideration of the review of my employment application, do authorize the City of Poulsbo to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Poulsbo from any liability for future references it may provide regarding my work history at the City of Poulsbo.

If employed, I further agree that if I lose, damage, or fail to return any of the City of Poulsbo’s property, the City of Poulsbo is authorized to deduct from my wages sufficient funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

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| Date |  |
| Name (Print) |  |
| Signature |  |