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| City of Poulsbo Application for Employment | | **Human Resources**  **Use Only** |
| Human Resources 200 NE Moe St, Poulsbo, WA 98370  Phone # 360-779-3901  dkingery@cityofpoulsbo.com | You must submit a separate Application for each position.  Read the Position Announcement for details on how to apply for the position.  **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 and color, religion and creed, national origin, sex, marital status, HIV, AIDS, and hepatitis C status, honorably discharged veteran or military status, age, disability, pregnancy and maternity, sexual orientation and gender identity, use of a guide dog or other service animal, genetic information or any other protected class status.

**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** | | ( ) | | | | | **Work** | | | ( ) | | | Email | |  | | | | | | |
| **Are you authorized to work in the United States?**  **(Note:  If hired, a form I-9, Employment Eligibility Verification, must be completed at the start of employment).** | | | | | **Yes**  **No** | | |  | | Are you over the age of 18?  **Yes  No** | | | | | | | | | | | | | | | |
| **If you are applying for a position where you will be expected to drive on duty, do you have, or can you obtain, a valid Washington State Driver’s License?** | | | | | | | | | | | | | **Yes  No  N/A** | | | | | | | | | | | |
| **Do you wish to claim Veteran’s Preference for testing, pursuant to RCW 41.04.010? (Police Dept positions only)** | | | | | | | | | | | | | **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** |
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| **EQUIPMENT, OFFICE AND COMPUTER SKILLS** |
| 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 CONVICTIONS** |
| 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 automatically disqualify you for employment.** Applicants will be asked to disclose information about their criminal history in the last ten years. |
| **CRIMINAL HISTORY SCREENING FOR CDL JOB POSITIONS AND JOB POSITIONS INVOLVING THE CHILD AND ADULT ABUSE INFORMATION ACT (CAAIA):** |
| CDL: Applicant must provide a list of convictions for violations under the motor vehicle laws or ordinances for the prior three years attached to this application.  CAAIA: Applicant must complete, and attached to this application, a Mandatory Criminal History Disclosure Form. |

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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 Opening 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 am applying for employment in a position where I will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Poulsbo will complete a thorough background check as allowed by the Child/Adult Abuse Information Act. Background checks are also completed for other positions. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I am applying for a safety sensitive position or one which requires a Commercial Driver 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. I understand that nothing in this application or my communications with any City of Poulsbo official is intended to create an employment contract between the City of Poulsbo and me. | | | |
| **Signature** |  | **Date** |  |

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| **WORK HISTORY** | | | | | | | | | | |
| Beginning with your present or most recent employment, list all work/experience history for the last 10 years, and 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 experiences which are 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** |  | | |  | |  | | | | |
| **Number Of Employees Supervised By You** | | |  |  | |  | | | | |
| **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** |  | | |  | |  | | | | |
| **Number Of Employees Supervised By You** | | |  |  | |  | | | | |
| **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** |  | | |  | |  | | | | |
| **Number Of Employees Supervised By You** | | |  |  | |  | | | | |
| **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** |  | | |  | |  | | | | |
| **Number Of Employees Supervised By You** | | |  |  | |  | | | | |
| **Reason For Leaving** | |  | | | | | | | | |
| **Primary Duties** | |  | | | | | | | | |
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|  | **CITY OF POULSBO**  **Human Resources  200 NE Moe St, Poulsbo, WA 98370**  **dkingery@cityofpoulsbo.com** |

**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 he/she is one of the finalists.

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, will result in disciplinary action up to and including immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with City of Poulsbo 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.

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

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

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|  | **City of Poulsbo**  **Human Resources  200 NE Moe St, Poulsbo, WA 98370**  [**dkingery@cityofpoulsbo.com**](mailto:dkingery@cityofpoulsbo.com) |

**DRIVING RECORD**

**(To be completed with application – Public Works only)**

###### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Please Print** Last First MI

***List all notices of infractions or traffic citations (other than parking tickets) which you have received in the past 5 years.***

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| **State** | **Month/Year** | **Type of Infraction** |
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Infractions or citations will not necessarily remove you from consideration. The City of Poulsbo will; however, consider your driving record when making employment decisions.

The information provided above is true to the best of my knowledge. I understand that providing false information is cause for elimination in the selection process or dismissal from employment.

Signed: Date:

**Finalists, upon notification that references will be checked, will be required to submit a copy of their Abstract of Driving Record (ADR) to Human Resources.** ADR's may be obtained at any Washington State Department of Licensing for a small fee. Other states may have different procedures. This fee is at each Finalist’s own expense.

**City of Poulsbo Driving Standards:**

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid driver license issued by the state of residence, with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified for unacceptable driving record pursuant to the City’s driving standards policy.

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| **🖝 THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT SEPARATELY** |

###### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Please Print** Last First MI

**Job title:\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Are you a former or current City of Poulsbo Employee?** | |
| Yes  No If Yes, please tell us: | |
| When you worked |  |
| Department |  |
| Position Title |  |
| Supervisor |  |

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| **Having a relative employed by the City of Poulsbo will not necessarily bar you from employment.** | |
| Do you have any relatives employed by the City?  Yes  No | |
| If yes, Please list their name/s and relationship/s |  |

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| **We would appreciate completion of the information below. This is entirely voluntary. The City of Poulsbo is committed to non-discrimination in employment practices. This information will be kept confidential and will be used for EEO record keeping purposes only.** | | |
| Sex | Female  Male | |
| Ethnic Category (Check one) | | Caucasian  African American  Hispanic or Latino  Asian  Native Hawaiian or Other Pacific Islander  Alaskan Indian /Native  American  Two or More Races Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. | Yes  No |