

CITY OF SEQUIM

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY

The City of Sequim, is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of Sequim affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City of Sequim and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

PERSONAL INFORMATION	LAST NAME	FIRST NAME	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
	ADDRESS (No., Street, Apt.)		CITY	COUNTY	STATE	ZIP
	TELEPHONE NUMBER	ALTERNATE NO. WHERE YOU MAY BE CONTACTED		SOCIAL SECURITY NUMBER		
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO (21 Yrs of age for Police Applicants)			CURRENT VALID DRIVER'S LICENSE STATE NUMBER _____		
	DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			EXPIRATION DATE _____		
	HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF SEQUIM? <input type="checkbox"/> YES <input type="checkbox"/> NO			CLASSIFICATION _____		
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF SEQUIM? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU AUTHORIZE THE CITY OF SEQUIM TO INVESTIGATE YOUR DRIVING RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
JOB TITLE/DEPARTMENT _____			IF YES, AN ABSTRACT DRIVING RECORD FROM THE DEPARTMENT OF LICENSING MAY BE REQUIRED.			
DATES EMPLOYED: FROM _____ TO _____						
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF SEQUIM						
NAME: _____			JOB TITLE/DEPARTMENT: _____			

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING: _____

HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH APPLYING: _____

DO YOU WISH TO WORK: FULL TIME PART TIME TEMPORARY SUMMER

(SPECIFY DAYS & HRS. PER WEEK) _____

WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$ _____ PER _____

DATE AVAILABLE FOR WORK: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?

YES NO SPECIFY COMMITMENT: _____

EDUCATION INFORMATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12

EQUIVALENCY -- GED YES NO IF YES, DATE RECEIVED _____

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

NAME: _____ CITY: _____ STATE: _____

COLLEGES AND UNIVERSITIES ATTENDED

NAME AND LOCATION	DATES ATTENDED				GRADE POINT AVERAGE	MAJOR/MINOR DEGREE FIELD OR PROGRAM OF STUDY	DEGREE RECEIVED
	FROM		TO				
	MO.	YR.	MO.	YR.			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.) BELOW

NAME AND LOCATION	DATES ATTENDED				TOTAL MONTHS COMPLETED	COURSES OR SUBJECT TAKEN	CERTIFICATES OR OTHER PERTINENT INFORMATION
	FROM		TO				
	MO.	YR.	MO.	YR.			

MILITARY SERVICE	DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPERATION
	FROM		TO			
	MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING PREFERENCE AS A VETEREN OR DISABLED VETERAN. YOU MUST ATTACH A COPY OF YOUR DD-214 FORM AND/OR YOUR V.A. DISABILITY LETTER AND CLAIM NUMBER.	VETERAN'S POINTS CLAIMED (CIRCLE 1) 5 10
	LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY						

MISCELLANEOUS INFORMATION	IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO
	FOR POLICE APPLICANTS ONLY:
	A PHYSICAL AGILITY EXAMINATION IS REQUIRED OF ALL APPLICANTS AT TIME OF TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PSYCHOLOGICAL EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT POLYGRAPH EXAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR? (WITH OR WITHOUT ACCOMMODATION) <input type="checkbox"/> YES <input type="checkbox"/> NO
	HAVE YOU EVER BEEN CONVICTED OF OR PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A "YES" REPLY DOEN NOT AUTOMATIC DISQUALIFY YOU. <input type="checkbox"/> YES <input type="checkbox"/> NO
	LIST NAME, ADDRESS, AND PHONE NUMBER OF THREE REFERENCES WHO ARE NOT YOUR RELATIVES NO EMPLOYEES OF THE CITY OF SEQUIM. _____ _____ _____
	INDICATE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT. SUCH AS ADDITIONAL WORK EXPERIENCE, LICENSES OR CERTIFICATES HELD, ARTICLES/BOOKS PUBLISHED. ACTIVITIES, ACCOMPLISHMENTS, ETC. (EXCLUDE ALL INFORMATION INDICATIVE OF AGE, GENDER, RACE, RELIGION, COLOR, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.) _____ _____ _____

IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

NOTICE TO PERSONS WITH DISABILITIES: TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

HOW TO APPLY: APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF SEQUIM AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

EXAMINATION PROCEDURE: YOU WILL BE NOTIFIED REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

PRE-EMPLOYMENT MEDICAL EXAMINATION: APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF SEQUIM, AFTER RECEIVING A CONDITIONAL OFFER OF EMPLOYMENT.

PAY PLAN: NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

PROBATIONARY PERIOD: EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. THE EMPLOYMENT STATUS OF ALL DEPARTMENT MANAGERS OR OTHER NON-UNION EMPLOYEES IS AT-WILL AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE.

DRUG POLICY: IT IS THE POLICY OF THE CITY OF SEQUIM TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM.

AGREEMENT: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, DISMISSAL. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF SEQUIM ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF SEQUIM TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF SEQUIM OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF SEQUIM RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED AT ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

RELEASE: I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF SEQUIM, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE: _____

DATE: _____

LIST ALL JOBS HELD IN THE LAST TEN YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK.

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT? YES NO

**RECORD
EMPLOYMENT**

(JOB 1) PRESENT OF MOST RECENT JOB						EMPLOYER								
FROM			TO			TOTAL TIME			ADDRESS					
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.								
						YOUR JOB TITLE								
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE								
START SALARY						PER			REASON FOR LEAVING POSITION					
LAST SALARY						PER								
SPECIFIC DUTIES: _____														

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____														
(JOB 2) PREVIOUS JOB						EMPLOYER								
FROM			TO			TOTAL TIME			ADDRESS					
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.								
						YOUR JOB TITLE								
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE								
START SALARY						PER			REASON FOR LEAVING					
LAST SALARY						PER								
SPECIFIC DUTIES: _____														

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____														
(JOB 3) PREVIOUS JOB						EMPLOYER								
FROM			TO			TOTAL TIME			ADDRESS					
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.								
						YOUR JOB TITLE								
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE								
START SALARY						PER			REASON FOR LEAVING					
LAST SALARY						PER								
SPECIFIC DUTIES: _____														

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____														

CONTINUED RECORD EMPLOYMENT	(JOB 4) PREVIOUS JOB						EMPLOYER
	FROM		TO		TOTAL TIME		ADDRESS
	MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.
							YOUR JOB TITLE
	HOURS PER WEEK						SUPERVISOR'S NAME & TITLE
	START SALARY				PER		REASON FOR LEAVING POSITION
	LAST SALARY				PER		
	SPECIFIC DUTIES: _____						

	NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____						
	(JOB 5) PREVIOUS JOB						EMPLOYER
	FROM		TO		TOTAL TIME		ADDRESS
MO.	YR.	MO.	YR.	YRS.	MOS.	TELEPHONE NO.	
						YOUR JOB TITLE	
HOURS PER WEEK						SUPERVISOR'S NAME & TITLE	
START SALARY				PER		REASON FOR LEAVING	
LAST SALARY				PER			
SPECIFIC DUTIES: _____							

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____							

SPECIAL SKILLS	TYPING SPEED: _____ WORDS PER MINUTE	CAN YOU TRANSCRIBE MACHINE DICTATION: <input type="checkbox"/> YES <input type="checkbox"/> NO
	BUSINESS MACHINES YOU CAN OPERATE: _____	
	WHAT COMPUTER EXPERIENCE DO YOU HAVE? _____	
	A. LEVEL OF SKILL: _____	
	B. YEARS OF OPERATING EXPERIENCE: _____	
	C. WHAT SOFTWARE ARE YOU PROFICIENT WITH? _____	
	D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES: _____	
	OTHER SKILLS: _____	

