

# CITY OF SEDRO-WOOLLEY APPLICATION FOR EMPLOYMENT

**CITY OF SEDRO-WOOLLEY IS AN E.E.O. EMPLOYER**  
For assistance in completing the application  
form contact (360) 855-1661

**325 Metcalf Street, Sedro-Woolley, WA 98284**  
**Phone (360) 855-1661 Fax (360) 855-0707**

Position Applied for \_\_\_\_\_  
Date of Application \_\_\_\_\_

FIRST NAME	M. INIT.	LAST NAME
STREET ADDRESS		ZIP
CITY		STATE
PHONE (HOME)	PHONE (WORK)	
Are you now or have you ever been employed by the City of Sedro-Woolley? <input type="checkbox"/> No <input type="checkbox"/> Yes		
		If yes, department _____ Date(s) _____

- Are you known to schools / references by another name?  No  Yes Name: \_\_\_\_\_
- Are you able to work?  Full-time  Part-time  Shifts  Temp.  On-Call
- Do you have relative(s) employed by City of Sedro-Woolley:  No  Yes If yes, Name(s) \_\_\_\_\_

(There are some limitations on the employment of relatives.  
Each case is considered separately for potential conflict of interest.)

Relationship(s): \_\_\_\_\_  
Department(s): \_\_\_\_\_

- Do you possess a valid driver's license?  No  Yes Driver's License Number: \_\_\_\_\_
- Do you have a Commercial Drivers License?  No  Yes State \_\_\_\_\_  
(A valid driver's license is required only where stated on the job announcement.)
- Have you ever been convicted of a felony or served time in prison during the last seven years?  No  Yes  
If yes, explain each conviction on an attached sheet & include: (1) date (2) charge (3) place (4) action taken.  
(A conviction is not an automatic bar to employment. Each case is considered separately.)
- After reviewing the essential functions from the job announcement, are you able to perform them with or without reasonable accommodation?  No  Yes If testing is required, will you need an accommodation for the testing process?  No  Yes

EDUCATION						
Name of High School Attended		City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	
College-Names of Colleges or Universities	Major	Dates Attended		Full Years Completed	Degrees	
		From	To		Title	Dates
List any vocational or on-the-job training you have completed which would be useful in the position you are applying for:						
List any licenses you hold which are necessary or useful in this position. Give kind of license, issuing state and expiration date.						

Please give name, address and telephone number of three references not related to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EMPLOYMENT HISTORY.** Start with present or last job and work back, include military service and periods of unemployment of a month or more. Include appropriate volunteer experience. **Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience, or your status as an employee, if hired.**

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

Employed by: (Agency or Firm)			Your Duties
Street Address			
City & State			
Your Job Title			
Supervisor's Name/Title			
Employed From (Mo./Yr.)		To (Mo./Yr.)	Reason For Leaving:
Starting Salary \$	Final \$	Avg. Hrs/Wk.	
May we contact this employer <input type="checkbox"/> No <input type="checkbox"/> Yes			

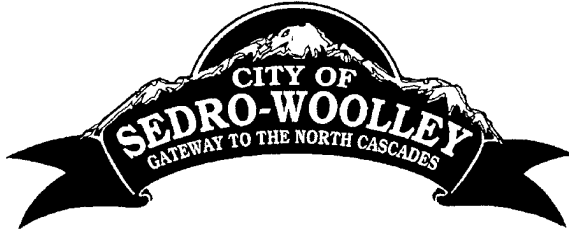
Attach supplemental sheets, if required.

**AUTHORIZATION AND CERTIFICATE**

- I authorize City of Sedro-Woolley 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 in which I may be employed.
- I certify 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 eligibility list, or if I have been appointed, cause my dismissal from City of Sedro-Woolley. I give permission to contact all or any of my previous employers for full information, unless so noted above. I also give permission to check my credit history and perform a personal security review.
- Federal Law requires anyone employed by the City to present proof of identity and proof of authorization to work in the United States. I understand I must be able to prove this authorization.
- I understand that any offer of employment is contingent upon my agreeing to submit to and obtaining satisfactory results from a pre-employment urine drug screen. A physical examination may also be required for specific positions. All candidates should be advised to consider delaying notice of resignation to a present employer or refrain from rejecting other employment offers until contingencies upon which Sedro-Woolley's offer was made have been satisfied.

Date:

Signature:



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## RACE AND ETHNIC

## DATA FORM

We request that you voluntarily provide the following information which will be used to provide, as requested, statistical data to certain federal compliance agencies. This information will not be used in the employment process; and failure to provide the information will not jeopardize your opportunity for or continued employment with the City of Sedro-Woolley. In the instance of missing information, we will attempt to identify your race and ethnicity by visual observation.

Sex:     Male     Female

Ethnic Origin: (Check one)

- Hispanic or Latino  
(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.)
- Non-Hispanic or Latino

Racial Identification: (Check one)

- American Indian or Alaska Native  
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment)
- Asian  
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American  
(A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Name \_\_\_\_\_ Date \_\_\_\_\_