



**City of Sedro-Woolley**

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

**APPLICATION FOR EMPLOYMENT**

How did you find out about the position for which you are applying?

- |                     |                                    |
|---------------------|------------------------------------|
| _____ Newspaper ad  | _____ Employment Security posting  |
| _____ City employee | _____ Friend or relative           |
| _____ Website       | _____ Other (please specify) _____ |

(NOTE: We ask for the above information to assist us in assessing the effectiveness of various recruitment techniques.)

POSITION(S) APPLYING FOR:

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

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last, First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Date available to work: \_\_\_\_\_

1. Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No. (If under 18, authorization forms will be required from your parent or guardian and from school authorities in order to work.)
2. Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No. If not, do you have a visa or work card which permits you to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

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3. Do you have relatives employed by the City of Sedro-Woolley? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list name and relationship:

\_\_\_\_\_

4. What are your minimum salary or wage requirements? \_\_\_\_\_

5. Have you previously worked for the City of Sedro-Woolley? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide dates and name, if changed: \_\_\_\_\_

6. Are there shifts, hours, or days you cannot, or will not work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list: \_\_\_\_\_

7. Are you willing to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. List any reasons known to you why you might be unable to perform consistently and promptly any of the job duties for the position(s) for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

9. If applying for a position that involves receiving and/or dispensing funds, indicate whether or not you have been convicted of a crime related to theft or mismanagement or misappropriation of funds or property within the last seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. (A criminal record does NOT automatically disqualify an applicant for employment.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you have a valid Washington State Drivers License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number: \_\_\_\_\_

If not, please explain why:

\_\_\_\_\_

\_\_\_\_\_

12. Do you have a Commercial Drivers License? \_\_\_\_\_ No \_\_\_\_\_ Class A \_\_\_\_\_ Class B  
 If yes, please list any special endorsements (HazMat, Air Brakes, Chauffer, etc.):

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

Did you graduate from high school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Graduation or GED Completion: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_  
 (GED = GED, 12 = High School, 13 = Trade School, 14 = Associate, 16 = Bachelor, 18 = Masters, 20 = Doctorate)

Last High School Attended (Name, City, State): \_\_\_\_\_

College, Business, or Other Schools, or Training Courses Attended:

Name and Location	Dates		Type of Degree	Did you Graduate	Credit Hrs. Earned		Major
	From	To			Quarter	Semester	

Do you plan further education? \_\_\_\_\_ Yes \_\_\_\_\_ No Starting Date: \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where: \_\_\_\_\_

\_\_\_\_\_

Subjects of Special Study or Research Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any special skills that you have (mechanical abilities, electrical abilities, welding, carpentry, plumbing, computer skills (hardware, software, networks, etc.), etc.

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Activities/hobbies other than religious (Civic, Athletic, etc.) \_\_\_\_\_

Exclude organizations, the name or character of which indicates race, age, sex, color, or national origin of its members.

**EMPLOYMENT HISTORY:**

List below, present and past employment, beginning with the most recent (attach additional sheets if necessary):

1. Position/Job title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Hours per Week \_\_\_\_\_

Start Date \_\_\_\_\_ Start Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

End Date \_\_\_\_\_ End Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Position/Job title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Hours per Week \_\_\_\_\_

Start Date \_\_\_\_\_ Start Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

End Date \_\_\_\_\_ End Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Position/Job title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Hours per Week \_\_\_\_\_

Start Date \_\_\_\_\_ Start Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

End Date \_\_\_\_\_ End Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Position/Job title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Hours per Week \_\_\_\_\_

Start Date \_\_\_\_\_ Start Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

End Date \_\_\_\_\_ End Pay \$ \_\_\_\_\_ (hr) (mo) (yr)

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Attach additional sheets if necessary)

**PERSONAL REFERENCES (NOT FAMILY):**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MILITARY SERVICE:**

Were you in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what branch? \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_

**READ BEFORE SIGNING**

I understand that employment with the City of Sedro-Woolley will be on a six (6) month probationary basis. I understand that this application is not a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. Further, I give permission to contact all or any of my previous employers for full information, except those I have requested not to be contacted. I also give permission to check my credit history and perform a personal security review. All of the foregoing information I have supplied in this application is a full and complete statement of the facts and it is understood that, if any falsification be discovered, it will constitute grounds for dismissal upon discovery thereof.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date