

City of University Place
APPLICATION FOR EMPLOYMENT

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

3609 Market Place W. Suite 200, University Place, WA 98466
(253) 566-5656

Instructions: Read the job announcement relating to the position for which you are applying. Provide all information requested on both pages of the application by typing or printing in ink. Be sure to sign and date the application. An incomplete application may delay action or disqualify you. Your application must be received before 4:00 p.m. on the closing date stated on the job announcement. **DO NOT submit a photograph of yourself.**

Position Title: _____

General Information

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Home Phone () ()	Work Phone () ()	Message Phone () ()	Other () ()	
Are you now or have you ever been employed by the City of University Place? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which department, _____ Dates of Employment _____				
Do you have relatives working for the City of University Place? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and department, _____				
Are you under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Do you have, or can you obtain, a valid Washington State Driver's License? <input type="checkbox"/> No <input type="checkbox"/> Yes				
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.) <input type="checkbox"/> No <input type="checkbox"/> Yes				

Education and Training

Did you graduate from high school or receive a GED certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes Name/Location of H.S. _____				
Name of college, university or vocational school	Major	Full Years Completed	Degrees Conferred Title	Credit Hours

Indicate any other trades, skills or licenses you possess related to the position for which you are applying. Include licensing state and expiration date.

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 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 officials is intended to create an employment contract between the City and me.

Signature _____
Date

Employment History

Start with present or last job and work back. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. **RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THE APPLICATION.**

Employed by (agency or firm):	Your Job Title:
City & State	Your Duties:
Employed From (Mo. / Yr.) To (Mo. / Yr.)	
Supervisor's Name Phone No.	
Supervisor's Title	
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer No Yes	
Employed by (agency or firm):	Your Job Title:
City & State	Your Duties:
Employed From (Mo. / Yr.) To (Mo. / Yr.)	
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Supervisor's Title	
Number of Hours Worked Per Week	
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Reason for Leaving	
May We Contact This Employer <input type="checkbox"/> No Yes	
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