

CITY OF DUVALL

P.O. BOX 1300
 15535 MAIN STREET NE
 DUVALL, WA 98019-1300
 (425) 788-1185

APPLICATION FOR EXAMINATION / EMPLOYMENT

READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. MUST BE LEGIBLE.
2. YOU MUST SHOW THAT YOU MEET THE ANNOUNCED MINIMUM REQUIREMENTS.
3. YOU MUST SUBMIT AN ORIGINAL, SIGNED APPLICATION FOR EACH EXAM/POSITION.
4. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE.

THE CITY OF DUVALL IS AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process shall notify the City Clerk.

Please Print or Type

Position applying for: _____ Date of Application: ____ / ____ / ____

Referral Source Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

() _____

HOME TELEPHONE NUMBER

() _____

WORK TELEPHONE NUMBER

() _____

MESSAGE/OTHER PHONE NUMBER

Have you filed an application here before? YES NO If yes, Give date _____

Have you been employed here before? YES NO If yes, Give date From _____ To _____

If employed and you are under 18, can you furnish a work permit? YES NO

If no, please explain _____

Are you legally eligible for employment in this country? YES NO

(PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT)

On what date would you be available for work? _____

Are you employed now? YES NO If yes, may we contact your present employer? YES NO

Are you on a lay-off and subject to recall? YES NO

Are you available to work Part Time Full Time Shift Work Temporary

Can you travel if the job requires it? YES NO

The City of Duvall is mindful of its obligation to employ qualified person and its entitlement under law to consider an applicant's conviction(s) 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.

CONTINUED ON NEXT PAGE

Education and Employment Experience

School Name and Address	Years Completed	Diploma / Degree Type of Degree	Describe Course of Study	Describe Specialized Training
High School				
Trade School				
College / University				
College / University				
Graduate / Professional				
FOREIGN LANGUAGES	SPEAK	READ	WRITE	

List any Extracurricular Activities, Honors Received, or state any additional information you feel may be helpful to us in considering your application.

**Start with your present or last job. Include military service assignments and volunteer activities.
Exclude organization names which indicate race, color, religion, sex or national origin.**

PRESENT OR LAST EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR	PHONE	
LIST YOUR JOB TITLE AND SPECIFIC DUTIES			
EMPLOYER			
DATE STARTED	DATE LEFT	PAY	
ADDRESS	SUPERVISOR	PHONE	
LIST YOUR JOB TITLE AND SPECIFIC DUTIES			

EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR	PHONE	
LIST YOUR JOB TITLE AND SPECIFIC DUTIES			
EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR	PHONE	
LIST YOUR JOB TITLE AND SPECIFIC DUTIES			

If you need additional space, please continue on a separate sheet of paper.

List any special skills and qualifications acquired.

DATES	SPECIAL SKILLS	QUALIFICATIONS ACQUIRED			
PROFESSIONAL LICENSE, CERTIFICATE OR REGISTRATION IF REQUIRED	STATE ISSUED	LICENSE NUMBER	DATE ISSUED	EXPIRATION	

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD
(EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

Have you ever served in the Military service of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there workplace accommodations, which would assure better job placement and/or enable you to perform your job to your maximum capability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes to the above questions, please explain or indicate
Active Duty Dates FROM _____ TO _____	
Branch of service	
Type of Discharge	

CONTINUED ON NEXT PAGE

REFERENCES

GIVE THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1.	NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER
2.	NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER
3.	NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

I UNDERSTAND THAT FAILURE TO SHOW HOW I MEET THE MINIMUM REQUIREMENTS FOR THIS POSITION MAY MAKE ME INELIGIBLE TO COMPETE IN THIS APPLICATION/EXAMINATION PROCESS. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON OR IN CONNECTION WITH THIS APPLICATION INCLUDING THOSE REGARDING MY TRAINING AND EXPERIENCE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION OR INTERVIEW FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FROM FURNISHING. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME MAY BE REMOVED FROM THE REGISTER, OR I MAY BE DISMISSED FROM CITY OF DUVALL EMPLOYMENT.

DRUG TESTING REQUIRED PRIOR TO HIRE.

THIS APPLICATION IS CURRENT FOR ONLY 180 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESARY TO FILL OUT A NEW APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF DUVALL.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ARRANGE INTERVIEW YES NO DATE OF INTERVIEW _____

REMARKS _____

INTERVIEWER _____ DATE _____

EMPLOY YES NO DATE OF EMPLOYMENT _____

JOB TITLE _____ HOURLY RATE/SALARY _____ DEPARTMENT _____

APPROVED BY _____ DATE _____

MAYOR'S SIGNATURE _____ DATE _____