

# CITY OF SEQUIM

POSITION APPLIED FOR \_\_\_\_\_

## 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 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.

<b>PERSONAL INFORMATION</b>	LAST NAME	FIRST NAME	M.I.	OTHER NAMES KNOWN BY
	ADDRESS		CITY	STATE ZIP
	PHONE NUMBER	EMAIL ADDRESS		ALTERNATE PHONE
	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO  DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO  HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF SEQUIM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, JOB TITLE/DEPT _____ DATES EMPLOYED: FROM _____ TO _____			DO YOU AUTHORIZE THE CITY OF SEQUIM TO INVESTIGATE YOUR DRIVING RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO  AN ABSTRACT DRIVING RECORD FROM THE DEPARTMENT OF LICENSING MAY BE REQUIRED.
	LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF SEQUIM  NAME: _____    JOB TITLE/DEPT: _____			
<b>POSITION</b>	POSITION FOR WHICH YOU ARE APPLYING: _____  SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY/SEASONAL  WHAT IS YOUR MINIMUM SALARY REQUIREMENT? \$ _____ PER _____  DATE AVAILABLE FOR WORK: _____			

**MISCELLANEOUS INFORMATION**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAM AND DRUG SCREENING TEST?  YES  NO

CAN YOU PERFORM THE BONA FIDE OCCUPATIONAL QUALIFICATIONS OF THE JOB YOU HAVE APPLIED FOR WITH OR WITHOUT ACCOMMODATION?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF OR PRESENTLY CHARGED WITH A CRIME (OTHER THAN MINOR TRAFFIC VIOLATIONS) A YES REPLY DOES NOT AUTOMATICALLY DISQUALIFY YOU.  YES  NO

FOR POLICE APPLICANTS ONLY:  
A PHYSICAL AGILITY EXAMINATION IS REQUIRED OF ALL APPLICANTS AT TIME OF TESTING.

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PSYCHOLOGICAL EXAM?  YES  NO

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT POLYGRAPH EXAM?  YES  NO

LIST NAME, ADDRESS, PHONE NUMBER AND EMAIL ADDRESS OF 5 REFERENCES (NOT RELATIVES OR EMPLOYEES OF THE CITY OF SEQUIM).

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**EDUCATION INFORMATION**

**HIGH SCHOOL ATTENDED:**

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
GRADUATION DATE: \_\_\_\_\_ (OR GED RECEIVED DATE)

**COLLEGE / UNIVERSITIES ATTENDED**

NAME AND LOCATION	DATES ATTENDED				GRADE POINT AVG	MAJOR FIELD OF STUDY	DEGREE RECEIVED
	FROM		TO				
	MO	YR	MO	YR			

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

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

<b>MILITARY SERVICE</b>	DATES OF U.S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPERATION
	FROM		TO			
	MO.	YR.	MO.	YR.	IF YOU ARE CLAIMING VETERAN PREFERENCE 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						

LIST ALL JOBS HELD IN THE LAST 10 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

<b>EMPLOYMENT RECORD</b>	(JOB 1) PRESENT OR 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
	STARTING 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
	STARTING 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	
STARTING SALARY \$      PER						REASON FOR LEAVING	
LAST SALARY \$      PER							
SPECIFIC DUTIES: _____							
_____							
_____							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____							

<b>EMPLOYMENT RECORD CONTINUED</b>	(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
	STARTING 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
STARTING SALARY \$ PER						REASON FOR LEAVING	
LAST SALARY \$ PER							
SPECIFIC DUTIES: _____							
_____							
_____							
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE): _____							

<b>OTHER SKILLS</b>	SUMMARIZE YOUR COMPUTER EXPERIENCE (LEVEL OF SKILL, SOFTWARE PROGRAMS PROFICIENT WITH):
	_____
	_____
	_____
	OTHER TECHNICAL SKILLS RELATED TO POSITION APPLIED FOR:
_____	
_____	
_____	

**IMPORTANT: READ EACH SECTION BELOW COMPLETELY. 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.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** SOME POSITIONS MAY REQUIRE THE CANDIDATE 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 OR 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.

**ALCOHOL AND DRUG TESTING:** APPLICANTS FOR POSITIONS THAT REQUIRE POSSESSION OF A CDL LICENSE WILL BE REQUIRED TO UNDERGO CONTROLLED SUBSTANCES, AND AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT. APPLICANTS WILL ALSO BE ASKED TO SIGN FORMS FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYERS IN ALL CASES WHERE DRIVING A CMV WAS ONE OF YOUR FUNCTIONS. FAILURE TO SIGN WILL PREVENT THE CITY FROM USING YOU AS A CMV DRIVER.

**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 THE CITY OF SEQUIM. 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: \_\_\_\_\_