



EMPLOYMENT APPLICATION

4800 South 188th Street
SeaTac, Washington 98188-8605
Human Resources: 206.973.4650 Fax: 206.973.4809
Job Line: 206.973.4655 TDD: 206.973.4808

THE CITY OF SEATAC IS AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

(Last)

(First)

(Middle)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PRIMARY PHONE () _____ ALTERNATE PHONE () _____

EMAIL _____

BY WHICH METHOD WOULD YOU PREFER TO BE NOTIFIED ABOUT APPLICATION STATUS, TESTING DATES AND EXAMINATION RESULTS? EMAIL PAPER

CAN YOU PROVE THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES NO

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

- Some High School
- High School
- Some College
- Technical College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____

EDUCATION HISTORY

Begin with your present or most recent education. Attach additional sheets of paper if you require more space.

1.) TYPE OF SCHOOL:

- High School
- College
- Graduate School
- Professional

NAME OF SCHOOL: _____ SCHOOL WEB SITE: _____

CITY: _____ STATE: _____ COUNTRY: _____

START MONTH/YEAR: _____ END MONTH/YEAR: _____

UNITS COMPLETED: _____ SEMESTER UNITS QUARTER UNITS

COLLEGE MAJOR/MINOR: _____ DID YOU GRADUATE? YES NO

DEGREE RECEIVED:

- Vocational
- Associates
- Bachelors
- No Degree
- Other

2.) TYPE OF SCHOOL:

- High School
- College
- Graduate School
- Professional

NAME OF SCHOOL: _____ SCHOOL WEB SITE: _____

CITY: _____ STATE: _____ COUNTRY: _____

START MONTH/YEAR: _____ END MONTH/YEAR: _____

UNITS COMPLETED: _____ SEMESTER UNITS QUARTER UNITS

COLLEGE MAJOR/MINOR: _____ DID YOU GRADUATE? YES NO

DEGREE RECEIVED:

- Vocational
- Associates
- Bachelors
- No Degree
- Other

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? YES NO STATE: _____ LICENSE NUMBER: _____

VALID COMMERCIAL DRIVER'S LICENSE? YES NO STATE: _____ LICENSE NUMBER: _____

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

Type	Issued By	License Number	Issued/Expiration

SKILLS

TYPING _____ net WPM

DATA ENTRY _____ net KPH

LANGUAGES OTHER THAN ENGLISH: _____

- I can speak in this language
- I can read in this language
- I can write in this language

Skill Name	Skill Level	Length of Experience	
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience
	<input type="checkbox"/> Beginner <input type="checkbox"/> Skilled <input type="checkbox"/> Expert	<input type="text"/> Years Experience	<input type="text"/> Months Experience

Attach additional sheets of paper if you require more space.

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

1.) POSITION TITLE: _____ FROM: _____ TO: _____

HOURS WORKED PER WEEK: _____ MONTHLY SALARY: _____ NUMBER SUPERVISED: _____

COMPANY/AGENCY NAME: _____ PHONE NO.: _____

ADDRESS: _____ WEB SITE: _____

SUPERVISOR'S NAME/TITLE: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

DUTIES SUMMARY: _____

REASON FOR LEAVING: _____

2.) POSITION TITLE: _____ FROM: _____ TO: _____

HOURS WORKED PER WEEK: _____ MONTHLY SALARY: _____ NUMBER SUPERVISED: _____

COMPANY/AGENCY NAME: _____ PHONE NO.: _____

ADDRESS: _____ WEB SITE: _____

SUPERVISOR'S NAME/TITLE: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

DUTIES SUMMARY: _____

REASON FOR LEAVING: _____

WORK HISTORY
(continued)

3.) POSITION TITLE: _____ FROM: _____ TO: _____

HOURS WORKED PER WEEK: _____ MONTHLY SALARY: _____ NUMBER SUPERVISED: _____

COMPANY/AGENCY NAME: _____ PHONE NO.: _____

ADDRESS: _____ WEB SITE: _____

SUPERVISOR'S NAME/TITLE: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

DUTIES SUMMARY: _____

REASON FOR LEAVING: _____

4.) POSITION TITLE: _____ FROM: _____ TO: _____

HOURS WORKED PER WEEK: _____ MONTHLY SALARY: _____ NUMBER SUPERVISED: _____

COMPANY/AGENCY NAME: _____ PHONE NO.: _____

ADDRESS: _____ WEB SITE: _____

SUPERVISOR'S NAME/TITLE: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

DUTIES SUMMARY: _____

REASON FOR LEAVING: _____

WORK HISTORY
(continued)

5.) POSITION TITLE: _____ FROM: _____ TO: _____

HOURS WORKED PER WEEK: _____ MONTHLY SALARY: _____ NUMBER SUPERVISED: _____

COMPANY/AGENCY NAME: _____ PHONE NO.: _____

ADDRESS: _____ WEB SITE: _____

SUPERVISOR'S NAME/TITLE: _____

MAY WE CONTACT THIS EMPLOYER? YES NO

DUTIES SUMMARY: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of SeaTac representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of SeaTac only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant

Date

Name: _____

Position Applied For: _____



SUPPLEMENTAL QUESTIONS

- 1. Other than parking tickets, have you been convicted of any law violation or released from prison within the last 10 years? * YES NO

IF YES, EXPLAIN BELOW. (A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.)

Date	Charge	Sentence	Remarks

- 2. Are you a current City of SeaTac employee? * YES NO

If you are a current City of SeaTac employee, what is your position title?

- 3. Are you a former City of SeaTac employee? * YES NO

If you are a former City of SeaTac employee, what is your position title?

- 4. Do you have relatives employed by the City? * YES NO

If you have relatives employed by the City, what department do they work in and what is your relationship?

- 5. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? * YES NO

***REQUIRED QUESTION**

6. How did you learn of this position opening?

- | | | | |
|--------------------------|----------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Seattle Times Online | <input type="checkbox"/> | Job Posting |
| <input type="checkbox"/> | Seattle Times Print Ad | <input type="checkbox"/> | Professional Organization |
| <input type="checkbox"/> | Association of Washington Cities | <input type="checkbox"/> | SeaTac Employee |
| <input type="checkbox"/> | City Website | <input type="checkbox"/> | SeaTac News |
| <input type="checkbox"/> | Craigs List | <input type="checkbox"/> | SeaTV |
| <input type="checkbox"/> | Job Interest Card | <input type="checkbox"/> | Other |

In order to ensure equal employment opportunities, the City of SeaTac requests your voluntary cooperation in completing questions 7 through 10. Your answers will be treated as confidential and will not be considered part of your application.

7. Age Group?

- Under 18
- 18-29
- 30-39
- 40+
- I do not wish to disclose

8. Sex?

- Female
- Male
- I do not wish to disclose

9. Ethnic Group?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Two or More Races
- I do not wish to disclose

10. Are you an individual with a disability?

- Yes
- No
- I do not wish to disclose