



Human Resources Office
 321 E 5th Street
 Port Angeles, WA 98362
 (360) 417-4510 Fax (360) 417-4637
 TTY (360) 417-4645
 City website: www.cityofpa.us
 Email: humanresources@cityofpa.us

EMPLOYMENT APPLICATION

Please type or print all of the information we ask on this form. An incomplete application may disqualify you from further consideration. You must submit a separate application for each position. Read the Job Opening description to see if a supplemental questionnaire is required. DO NOT submit a photograph of yourself. (This document will not save unless you save it to your own computer.)

| | | | |
|--|--------------------------------------|-------------------------|-----------------------|
| Job Title Applying For: | | | |
| Name: | | Date: | |
| Address: | | | |
| STREET | CITY | STATE | ZIP CODE |
| Home Phone: () | | Message/Cell Phone: () | |
| E-mail address: | | | |
| Do you have a valid driver's license: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have a C D L, if required? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| EDUCATION | NAME & LOCATION OF SCHOOL | MAJOR | DIPLOMA/DEGREE |
| High School: | _____ | | |
| College/Univ: | _____ | | |
| College/Univ: | _____ | | |
| <i>If hired, you may be required to show proof of education or degree(s).</i> | | | |
| Please describe any additional academic achievements, correspondence courses, technical apprenticeships and work training programs not shown above that you consider relevant. | | | |
| <i>Complete this section only if you are applying for a Civil Service position in the Police Department or Fire Department:</i> | | | |
| If you have been honorably discharged from the military within the last 15 years do you wish to claim Veteran's Scoring Status? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <i>You must attach a copy of your DD-214 to be eligible to claim Veteran's Scoring Status.</i> | | | |

PROVIDE TEN YEARS OF PRIOR WORK HISTORY:

Begin with your most recent position and provide an outline of your employment. You may use additional paper and attach a copy of your resume. Do not say "See Resume." Incomplete application will be rejected.

| | | |
|----------------------------|--------------------------------|-----|
| Job Title: | Date From: | To: |
| Employer's Name & Address: | Name/Title of your Supervisor: | |
| | Phone Number | |
| Reason for Leaving: | | |
| Primary Duties: | | |

| | | |
|----------------------------|--------------------------------|-----|
| Job Title: | Date From: | To: |
| Employer's Name & Address: | Name/Title of your Supervisor: | |
| | Phone Number | |
| Reason for Leaving: | | |
| Primary Duties: | | |

| | | |
|----------------------------|--------------------------------|-----|
| Job Title: | Date From: | To: |
| Employer's Name & Address: | Name/Title of your Supervisor: | |
| | Phone Number | |
| Reason for Leaving: | | |
| Primary Duties: | | |

WORK HISTORY CONT:

| | | |
|-------------------|------------|-----|
| Job Title: | Date From: | To: |
|-------------------|------------|-----|

| | |
|----------------------------|--------------------------------|
| Employer's Name & Address: | Name/Title of your Supervisor: |
| | Phone Number |
| Reason for Leaving: | |
| Primary Duties: | |

OTHER JOB-RELATED QUALIFICATIONS

List office equipment you can fully operate; computer equipment used, including software; and typing speed. If the job you are applying for requires the use of machinery or equipment, list the equipment and proficiency level relevant to the position for which you are applying.

List any certifications related to the position for which you are applying such as State licensing requirements, First aid/CPR certification, flagging card, computer certifications, etc. If hired, you will be required to show proof of license or certification.

License/Certifications:

Date Received:

Expiration Date:

WORK RELATED REFERENCES (Must use current supervisor. Do not list relatives):

Name/Title: _____ Phone: _____

Working Relationship: Supervisor _____ Manager _____ Co-Worker _____

Name/Title: _____ Phone: _____

Working Relationship: Supervisor _____ Manager _____ Co-Worker _____

Name/Title: _____ Phone: _____

Working Relationship: Supervisor _____ Manager _____ Co-Worker _____

SIGNATURE IS REQUIRED

To the best of my knowledge, the information herein is true and complete. I have read the job 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 of Port Angeles is required to complete a thorough background check as allowed by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as a part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License or a public safety position. 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 official is intended to create an employment contract between the City and me.

SIGNATURE: _____ DATE: _____

Having a relative employed by the City of Port Angeles will not necessarily bar you from employment.

Do you have any relatives employed by the City of Port Angeles? Yes No

If yes, please list their name and relationship:

Please tell us how you learned of this opening by circling the source:

| | |
|----------------------|--|
| Peninsula Daily News | Professional Publication or website: _____ |
| City Website | Jobs Available |
| AWC Job Net | Friend/Relative |
| City Employee | Other: _____ |

The City of Port Angeles is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state, or local law. Please contact Human Resources if you need accommodation for any part of the application process.

City of Port Angeles
STATEMENT OF VALUES

We, the employees of the City of Port Angeles, share a dedication and commitment to providing **QUALITY CUSTOMER SERVICE** with **HONESTY, INTEGRITY** and **FLEXIBILITY**.

Working as a team, we take **PRIDE** in providing **EFFICIENT** and **EFFECTIVE** services for which we are **RESPONSIBLE** and **FISCALLY ACCOUNTABLE**.

We value a **POSITIVE ATTITUDE, TRUST, INITIATIVE** and **COMPASSION** with a high standard of **PROFESSIONALISM** and **OPEN COMMUNICATION**. We respect **DIVERSITY** and foster a **SAFE** environment.

In **PARTNERSHIP WITH THE COMMUNITY**, we are stewards of our unique environment and **QUALITY OF LIFE**.

City of Port Angeles
Human Resources
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AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

(References will only be checked for finalists)

Current and/or prior employers will only be contacted after an applicant has been notified that they are a finalist. I certify that the information given by me to the City of Port Angeles is true and complete to the best of my knowledge. I understand that falsification of this application in any manner will be grounds for elimination from further consideration or, if employed, may result in immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Port Angeles, in consideration of the review of my employment application, do authorize the City to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application or other employment references the City may seek out. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Port Angeles from any liability for future references it may provide regarding my work history at the City.

It is my intention that any copy of this authorization be as effective as the original.

Date: _____

Name: (please print): _____

Signature: _____