



CITY OF DuPONT

1700 Civic Drive
 DuPont, WA 98327
 PHONE (253) 964-8121 • FAX (253) 964-3554

EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING BLACK INK ONLY. SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

GENERAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING:

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Home Phone () ()	Work Phone () ()	Message Phone () ()	Email address	

Are you now or have you ever been employed by the City of DuPont? Yes () No () If yes, give Job Title _____ Department _____ Dates of Employment _____
 Do you have any relatives working for the City of DuPont? Yes () No () Name(s) _____

Relationship _____

Department _____

Washington State labor laws restrict some employment of persons under 18 years old. Are you at least 18 years old? Yes () No ()
 If no, what is your birthdate. ___/___/___

Can you perform the essential functions of this job with or without an accommodation? Yes () No () If an accommodation would be necessary, please explain what accommodation on a separate sheet of paper.

Have you been convicted of a crime 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

THE POLICE AND FIRE DEPARTMENTS VETERANS ONLY PREFERENCE

The police and fire departments give veterans preference in accordance with state law to veterans honorably released from active military service within the last 8 years. Do you claim veterans preference? Yes () No () If yes, complete the following items. (Proof of veteran status may be required if hired).

Are you retired from military service: Yes () No () Have you ever obtained employment through the use of veterans preference? Yes () No ()
 All dates of active duty: From ___/___/___ to ___/___/___ Have you received the Armed Forces Expeditionary Medal, the Marine Corps and Navy Medal for Opposed Action on Foreign Soil or Southwest Asia Service Medal? Yes () No ()
 mm dd yy mm dd yy

EDUCATION

Did you graduate from high school or receive a GED certificate? Yes () No ()

Name of College, University, Vocational School	Major	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours
		From	To		Title	Date	

Indicate any other trades, skills, licenses, or certifications you possess related to the position. Indicate licensing state and expiration date, as applicable.

CITY OF DuPont IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS, INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT. **ATTACH ADDITIONAL SHEETS IF NECESSARY.** BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

MOST RECENT EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific Duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving or considering change _____		

OTHER EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving or considering change _____		

OTHER EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific Duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving _____		

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. 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 I may be discharged from my employment.

I authorize my current or former employers and all schools or education and technical institutions which I have attended to provide City of DuPont 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 knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, if required.

I understand that, as a condition of employment, I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

Applicant's Signature

Date



EQUAL EMPLOYMENT OPPORTUNITY

The City of DuPont is committed to a policy of equal employment opportunity regardless of race, religion, color, national origin, age, sex, physical, mental or sensory disability or veteran status. The information requested below will be maintained confidential and will be separated from your application. Information gathered will be used for monitoring and Federal reporting purposes only. Your application will be reviewed whether or not you provide this information. We appreciate your assistance in voluntarily providing this information.

Name: _____
Last Name First Name Middle Initial

Address: _____
(Street/Apt.#)

City: _____ **State:** _____ **Zip:** _____
Sex: **Female** **Male**

Ethnic Identification:

- White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- DI Individual with Disability** – All persons who have a physical or mental impairment which substantially limits one or more major life activity, have a record of such an impairment or are regarded as having such an impairment. Reasonable accommodation will be provided to applicants with disabilities as defined by the Americans with Disabilities Act.

How did you learn of this job?

- Newspaper
- Other Internet Sources
- Others _____
- City Website
- City Employee
- Professional Journal
- City Hall Bulletin Board

APPLICANT'S STATEMENT

I understand that the City of DuPont follows an employment at will policy, which means either the City of DuPont or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this employment at will policy cannot be changed verbally or in writing, unless that change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all information given on this application, my resume or during any interviews. I authorize all individuals, schools, and firms named therein, noted on the attached release to provide any information requested about me, and I release them from all liability for damage in providing this information. Along with this application, I have signed a separate release and waiver to permit the City of DuPont to obtain copies of my prior employment records, and to contact my prior supervisors as part of this application process.

I certify that all the statements herein are true and understand that any falsifications or willful omission shall be sufficient cause for dismissal or refusal of employment, even if falsification or willful omission is discovered after any probationary or initial period of employment.

Applicant's Signature

Date



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WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, authorize you to furnish the DuPont Police Department and/or the City of DuPont Human Resources Department with any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing analysis and recommendation, my military service records and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the department in determining my qualifications and fitness for the position I am seeking with the City of DuPont.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974; the Washington State Public Records Act, Chapter 42.56 RCW; Section 609(c)(1) of the Fair Credit Reporting Act, as amended, 15 U.S.C. § 1681 et seq.; and waive those rights with the understanding that the information furnished will be used by the City of DuPont in conjunction with employment screening procedures and will not be furnished to me. I understand and consent that the DuPont Police Department and/or City of DuPont Human Resources Department may disseminate any and all information it receives to any local, state or national agency to which I apply to become a member, am currently employed as such, subsequently am employed as such, or which is conducting an investigation of me for purposes of employment or for alleged illegal activity.

I hereby release the DuPont Police Department, the City of DuPont Human Resources Department, their management staff, you, your organization, and others, from any liability or damage that may result from furnishing the information requested and agree to hold you harmless and defend you in the event any claim, action or judgment of any nature is brought against you arising out of your furnishing the information requested or arising out of information provided to other local, state, or federal law enforcement agencies by the DuPont Police Department and/or the City of DuPont Human Resources Department. I hereby authorize the DuPont Police Department and/or the City of DuPont Human Resources Department to provide any non-medical information they receive as a result of their background investigation to any law enforcement agency with which I am currently employed or with which I seek future employment.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signed in _____, WA.
City/County

Applicant's Signature

Date

This form may be reproduced and copies may be used in place of the original.

_____ Applicant's initials

