CITY OF Federal Way

APPLICATION FOR EMPLOYMENT

WWW.CITYOFFEDERALWAY.COM

Human Resources
33325 8th Avenue South
Federal Way, WA 98003-6325

Human Resources: (253) 835-2531
Job Line: (253) 835-2505

POSITION APPLIED FOR	JOB NUMBER

The City of Federal Way 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.

AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU – DO NOT SUBMIT A PHOTOGRAPH OF YOURSELF

(Last)   (First)   (Middle)

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: ( ) _____ ALT. PHONE: ( ) _____ EMAIL: _____ ARE YOU 18 YEARS OR OLDER? YES ___ NO ___

ARE YOU A U.S. CITIZEN, OR DO YOU HAVE A VISA PERMITTING YOU TO WORK IN THE U.S.?   YES ____ NO ____
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE FOR TESTING, PURSUANT TO RCS 41.04.010?   YES ____ NO ____

ARE YOU A CURRENT OR FORMER CITY OF FEDERAL WAY EMPLOYEE? _____ POSITION/DEPT: _____ DATES _____

RELATIVES EMPLOYED BY THE CITY: _____ RELATIONSHIP: _____ DEPT: _____

TYPE OF WORK DESIRED: FULL TIME ____   PART-TIME ____   TEMPORARY ____   SUMMER ____   JOB SHARE ____

OTHER (SPECIFY) _____

EDUCATION

TYPE OF SCHOOL	SCHOOL & LOCATION	# OF YEARS ATTENDED	MAJOR COURSE	DEGREE/DATE
HIGH SCHOOL OR G.E.D.				
BUSINESS OR TECH.				
UNDERGRADUATE STUDIES				
GRADUATE STUDIES				
OTHER COURSES AND TRAINING				

SPECIAL SKILLS/PROFESSIONAL LICENSES: _____

GIVE THE NUMBER OF YEARS EXPERIENCE AND/OR SPEED IN EACH OF THE FOLLOWING (IF APPROPRIATE TO THE JOB APPLIED FOR):

10 KEY _____ DICTAPHONE _____ SPREADSHEET SOFTWARE   WORD PROCESSING SOFTWARE
                                         (PLEASE SPECIFY)   (PLEASE SPECIFY)
DATA ENTRY _____ TYPING SPEED _____ _____   _____

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening 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 Federal Way must complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that providing false information on this application is grounds for disqualification and/or dismissal. I understand that nothing in this application or my communications with any City of Federal Way official is intended to create an employment contract between the City of Federal Way and me.

_____   _____
Signature of Applicant   Date

Work History: Beginning with your present or most recent employment, list your work/experience history. Be sure to include any non-paid experience which is related to the job for which you are applying.

EMPLOYER'S NAME _____ FROM _____ TO _____

ADDRESS _____ SUPERVISOR _____

PHONE ( ) _____ HOURS WORKED PER WEEK _____ POSITION_____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT THIS EMPLOYER? _____

REASON FOR LEAVING _____

PRIMARY DUTIES _____

_____

_____

_____

_____

EMPLOYER'S NAME _____ FROM _____ TO _____

ADDRESS _____ SUPERVISOR _____

PHONE ( ) _____ HOURS WORKED PER WEEK _____ POSITION_____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT THIS EMPLOYER? _____

REASON FOR LEAVING _____

PRIMARY DUTIES _____

_____

_____

_____

_____

EMPLOYER'S NAME _____ FROM _____ TO _____

ADDRESS _____ SUPERVISOR _____

PHONE ( ) _____ HOURS WORKED PER WEEK _____ POSITION_____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ MAY WE CONTACT THIS EMPLOYER? _____

REASON FOR LEAVING _____

PRIMARY DUTIES _____

_____

_____

_____

EMPLOYER'S NAME _____ **FROM** _____ **TO** _____

ADDRESS _____ **SUPERVISOR** _____

PHONE (   ) _____ **HOURS WORKED PER WEEK** _____ **POSITION** _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ **MAY WE CONTACT THIS EMPLOYER?** _____

REASON FOR LEAVING _____

PRIMARY DUTIES _____

_____

_____

_____

_____

EMPLOYER'S NAME _____ **FROM** _____ **TO** _____

ADDRESS _____ **SUPERVISOR** _____

PHONE (   ) _____ **HOURS WORKED PER WEEK** _____ **POSITION** _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ **MAY WE CONTACT THIS EMPLOYER?** _____

REASON FOR LEAVING _____

PRIMARY DUTIES _____

_____

_____

_____

_____

HOW DID YOU LEARN OF POSITION OPENING? Please identify source:

Job Line _____ **Tacoma News Tribune** ____ **Seattle Times/PI** _____ **Walk In** _____

Other _____ **Referral Agency** _____

JOB ANNOUNCEMENT # _____

CITY OF FEDERAL WAY JOB APPLICATION
APPLICANT DATA SHEET

PLEASE PRINT OR TYPE

POSITION APPLIED FOR _____

NAME: _____
        LAST   FIRST   M.I.

MAILING ADDRESS _____
        STREET   APT #   CITY   STATE   ZIPCODE

PLEASE READ CAREFULLY BEFORE COMPLETING INFORMATION BELOW.

We would appreciate completion of the information below. This is entirely voluntary, will be kept confidential and will not be considered part of your application.

PLEASE CHECK GROUPS WITH WHICH YOU IDENTIFY:

SEX: Male _____   Female _____

RACE: Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purposes. Read the definitions carefully and select only one racial/ethnic group.

___   **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

___   **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

___   **Black or African American:** a person having origins in any of the black racial groups of Africa.

___   **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___   **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___   **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

___   **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

___   **I choose not to identify.**

As set forth in EEOC Form (EE-9). Proof of tribal affiliation required.
(Indian, Eskimo, etc.)

TO REQUEST ACCOMMODATION IN THE APPLICATION OR TESTING PROCESS PLEASE CALL 1-800-833-6384(VOICE) OR 1-800-833-6388 (TDD) IMMEDIATELY.

I certify that the information provided above is accurate and true, and may be subject to verification.

SIGNATURE _____   **DATE** _____