



# APPLICATION FOR EMPLOYMENT

1339 GRIFFIN AVENUE, ENUMCLAW, WA 98022  
(360) 615-5611 FAX (360) 615-5623

**EQUAL OPPORTUNITY** The City of Enumclaw, Washington 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 disability. The City of Enumclaw affirmatively seeks to employ and advance qualified veterans and disabled veterans. Hiring, promotions, layoff, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS** 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, include your name, the position title, for which you are applying, and the specific section of this application form that you are continuing to an additional page. You may also attach copies of resumes, documents or certificates which support your application. All materials submitted become the property of the City of Enumclaw 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. Failure to follow these instructions may be cause for rejection of the application. Illegible or incomplete applications may be rejected. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

**My initials at the end of this sentence affirm that I have read and understand these instructions** \_\_\_\_\_

**Position Applying For** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

## PERSONAL INFORMATION

**Referred by** \_\_\_\_\_

Last Name	First Name	Middle Initial	Other names by which you have been known
_____	_____	_____	_____

Mailing Address	City	State	Zip
_____	_____	_____	_____

Residence Address, if different from above	Email
_____	_____

Telephone Number	Alternate number where you may be reached
_____	_____

Are you 18 years or older (21 years of age for Police Applicants)?  Yes  No

Do you have a Social Security Card?  Yes  No

Do you have a legal right to work in the United States?  Yes  No

If offered employment, you will be required to present your Social Security card and evidence of your right to work in the United States

Have you previously been employed by the City of Enumclaw?  Yes  No

If Yes - Job Title/Department \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

List any relatives or friends who are employed by the City of Enumclaw

Name	Department
_____	_____

How did you learn about the position for which you are applying? \_\_\_\_\_

What is your minimum salary requirement? \$ \_\_\_\_\_ Per \_\_\_\_\_ Date Available to Work \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us?  Yes  No

Specify commitments, please  
\_\_\_\_\_

**DRIVER'S LICENSE** If the position for which you are applying will require you to operate a vehicle: (1) You must possess a valid driver's license. (2) Any special endorsements must be current and valid. (3) If you are offered employment by the City of Enumclaw, and if your driver's license is from another state, you will be required as a condition of employment to obtain a valid Washington State Driver's License before you can begin work.

Do you possess a current Washington State Driver's License?  Yes  No  
 CDL?  Yes  No CLASS \_\_\_\_\_

Do you authorize the City of Enumclaw to investigate your driving record? If Yes, the City may, at its discretion, obtain an abstract of your driving record from the Department of Licensing.  Yes  No

**EDUCATION** Educational qualifications are subject to verification. If an offer of employment is made, you may be asked to provide dates of attendance to facilitate verification.

Do you have a High School Diploma or G.E.D.?  Yes  No YEAR \_\_\_\_\_

Do you hold a Post Secondary Degree(s)?  Yes  No YEAR \_\_\_\_\_

Name and Location of High School  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and Location of Colleges or Universities attended  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Major/Minor Degree, Field or Program of Study  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE**

Dates of U.S. Military Service				Branch of Service	Rank of Separation
FROM		TO			
MONTH	YEAR	MONTH	YEAR		
_____	_____	_____	_____	_____	_____

Are you claiming Preference as a veteran? Yes [ ] No [ ]  
 If yes, you must attach a copy of your DD214 and/or your VA Disability letter and claim number.

List any specialized training received in the military  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Optional: List any medals, commendations, or awards received in the military  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY (Most recent first)

May we contact this employer?  Yes  No

Previous Job \_\_\_\_\_

Employer \_\_\_\_\_

FROM TO TOTAL TIME

Address \_\_\_\_\_

MONTH YEAR MONTH YEAR YEARS MONTHS

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Hours Per Week \_\_\_\_\_

Reason for leaving position

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List specific duties

\_\_\_\_\_

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May we contact this employer?  Yes  No

Previous Job \_\_\_\_\_

Employer \_\_\_\_\_

FROM TO TOTAL TIME

Address \_\_\_\_\_

MONTH YEAR MONTH YEAR YEARS MONTHS

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Hours Per Week \_\_\_\_\_

Reason for leaving position

\_\_\_\_\_

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List specific duties

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## EMPLOYMENT HISTORY (Continued)

May we contact this employer?  Yes  No

Previous Job \_\_\_\_\_

Employer \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL TIME \_\_\_\_\_

Address \_\_\_\_\_

MONTH YEAR MONTH YEAR YEARS MONTHS

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Hours Per Week \_\_\_\_\_

Reason for leaving position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List specific duties

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May we contact this employer?  Yes  No

Previous Job \_\_\_\_\_

Employer \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ TOTAL TIME \_\_\_\_\_

Address \_\_\_\_\_

MONTH YEAR MONTH YEAR YEARS MONTHS

Telephone Number \_\_\_\_\_

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Supervisor's Name & Title \_\_\_\_\_

Hours Per Week \_\_\_\_\_

Reason for leaving position

\_\_\_\_\_  
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\_\_\_\_\_

List specific duties

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**SPECIAL SKILLS – OFFICE:**

Typing Speed \_\_\_\_\_ Words per minute \_\_\_\_\_ What computer experience do you have (MAC or PC)? \_\_\_\_\_

Years of operating experience \_\_\_\_\_

What Software are you proficient with?

\_\_\_\_\_

\_\_\_\_\_

Other Skills/Qualifications

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL SKILLS – FIELD:**

List Light or Heavy equipment you are qualified to operate and years of operating experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other skills

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MISCELLANEOUS INFORMATION**

If offered a job, are you willing to undergo a pre-employment physical examination?  Yes  No

If offered a job, are you willing to undergo a pre-employment drug screening test?  Yes  No

Are there any limitations that will restrict your ability to perform the functions of this position?  Yes  No

If yes, please explain and note the reasonable accommodations that would be necessary for you to perform the functions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any gaps in employment that are greater than 6 months.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCES** List three professional or business references who are not your relatives or employees of the City of Enumclaw. State the nature of your business relationship (i.e., co-worker, supervisor, associate).

Name	Phone	Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL REFERENCES** List three personal references who are not your relatives State the nature of your relationship (i.e., friend, landlord, etc.).

Name	Phone	Relationship	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IMPORTANT: READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. 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 ENUMCLAW 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.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF ENUMCLAW.

**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 NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE CITY OF ENUMCLAW 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. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY

KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUNDS FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF ENUMCLAW 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 ENUMCLAW 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 EITHER THE CITY OF ENUMCLAW OR MYSELF. 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 ENUMCLAW RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED 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 ENUMCLAW, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_