CITY OF PULLMAN

EMPLOYMENT APPLICATION
325 S.E. PARADISE STREET
PULLMAN, WA 99163
(509) 338-3207

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT-WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388.

An incomplete application may delay action or disqualify you.
Please type or use a ballpoint pen in completing this application.

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____

PERMANENT ADDRESS: _____ CITY: _____ ST. _____ ZIP _____

PHONE: (HOME) (___) _____ (BUSINESS) (___) _____ (MSG) (___) _____

E-MAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT THIS POSITION? ___NEWSPAPER ___WEBSITE ___WALK-IN ___ OTHER _____

ARE YOU RELATED BY BLOOD, ADOPTION, OR MARRIAGE TO ANY CURRENT CITY EMPLOYEE? ___YES ___ NO

EMPLOYEE NAME AND POSITION: _____

ARE YOU OVER THE AGE OF 18? ____YES ____ NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? ____ YES ____ NO Proof of citizenship or immigration status will be required at time of employment.

HAVE YOU BEEN CONVICTED FOR THE VIOLATION OF ANY LAW (EXCEPT MINOR TRAFFIC VIOLATIONS OF $75 OR LESS) WITHIN THE LAST TEN YEARS? **CONVICTION DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT WITH THE CITY OF PULLMAN.**

_____ YES _____ NO IF YES, LIST THE CITY WHERE ISSUED, THE CHARGE, DATE OF ISSUE, AND DISPOSITION:

_____

MANAGEMENT/SUPERVISORY EXPERIENCE? _____YES _____ NO NUMBER OF YEARS: _____

Number of Employees Managed/Supervised: _____ Describe your primary management/supervisory functions: _____

_____

PROFESSIONAL CERTIFICATIONS: (Please list any professional certifications and their expiration dates.

_____
Certification Expiration Date

_____
Certification Expiration Date

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT & U.S. MILITARY SERVICE. ATTACH SEPARATE SHEETS IF NECESSARY. IF AN ANSWER IS NOT KNOWN, PUT N/A.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	HrlyRate/Salary		
Supervisor:	Start	Final	_____ **Full-time** _____ **Part-time**
Reason for Leaving:			**May we Contact:** ___ **Yes** ___ **No**

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Start	Final	_____ **Full-time** _____ **Part-time**
Reason for Leaving:			**May we Contact:** ___ **Yes** ___ **No**

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Address:	From	To	
Telephone:			
Job Title:	Hrly Rate/Salary		
Supervisor:	Start	Final	_____ **Full-time** _____ **Part-time**
Reason for Leaving:			**May we Contact:** ___ **Yes** ___ **No**

REFERENCES

PLEASE PROVIDE NAMES OF ADDITIONAL REFERENCES (OTHER THAN PREVIOUSLY LISTED SUPERVISORS) WHO CAN PROVIDE INFORMATION CONCERNING YOUR CHARACTER AND QUALIFICATIONS RELATIVE TO THE POSITION.

1. NAME: _____ PHONE: _____

   COMPLETE ADDRESS: _____

   RELATIONSHIP TO YOU: _____

2. NAME: _____ PHONE: _____

   COMPLETE ADDRESS: _____

   RELATIONSHIP TO YOU: _____

3. NAME: _____ PHONE: _____

   COMPLETE ADDRESS: _____

   RELATIONSHIP TO YOU: _____

ADDITIONAL COMMENTS

DESCRIBE ANY ADDITIONAL TRAINING, SKILLS, AND ABILITIES OR WORK EXPERIENCE YOU POSSESS RELEVANT TO THE POSITION APPLIED FOR:

_____

_____

_____

_____

_____

SKILLS

TYPING OR COMPUTER KEYBOARDING EXPERIENCE? __ YES __ NO w.p.m. _____

COMPUTER EXPERIENCE? __ YES __ NO IBM COMPATIBLE? __ YES __ NO

List the software programs you have worked with:
Word processing: _____
Spreadsheet: _____
Database: _____ Internet: _____

HAND TOOLS __ YES __ NO List tools: _____

POWER TOOLS __ YES __ NO List tools: _____

IF THE POSITION APPLIED FOR REQUIRES A DRIVER'S LICENSE, DO YOU HAVE A VALID LICENSE? __ YES __ NO
State of Issue: _____ Driver's License Number: _____ Expiration Date: _____

Do you have a C.D.L.? __ YES __ NO If yes, list Class and endorsements: _____

LIST ANY ADDITIONAL MACHINES, TOOLS, OR EQUIPMENT WHICH YOU OPERATE RELEVANT TO THE POSITION:
_____
_____
_____

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ATTACHMENTS, IF ANY) ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS MAY BE SUFFICIENT REASON FOR DISMISSAL IF I AM HIRED BY THE CITY OF PULLMAN. ALL STATEMENTS SUBMITTED ON THIS APPLICATION FOR EMPLOYMENT MAY BE INVESTIGATED AND VERIFIED BY THE CITY AND/OR ITS AGENTS PRIOR TO APPOINTMENT OR NON-APPOINTMENT.

_____ _____
SIGNATURE **DATE**

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION FORM (I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.