



City of University Place APPLICATION FOR EMPLOYMENT

3715 Bridgeport Way W, University Place, WA 98466
(253) 566-5656

Instructions: Read the job announcement relating to the position for which you are applying. Provide all information requested on both sides of the application by typing or printing in ink. Be sure to sign and date the application. An incomplete application may delay action or disqualify you. Your application must be received before 5 p.m. on the closing date stated on the job announcement.

Position Title: _____

General Information

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Home Phone () ()	Work Phone () ()	Message Phone () ()	Other () ()	
Are you now or have you ever been employed by the City of University Place? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which department. _____ Dates of Employment _____				
Do you have relatives working for the City of University Place? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide name and department. _____				
The City of University Place is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job. <i>A conviction record will not disqualify you for employment UNLESS such record would reasonably affect your fitness for the job for which you have applied.</i>				
Have you ever been convicted of a felony or released from prison within the last ten (10) years or have you been convicted of a misdemeanor other than minor traffic offenses within the last three (3) years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain. _____				
Are you under 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Education and Training

Did you graduate from high school or receive a GED certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes Name/Location of H.S. _____							
Name of college, university or vocational school	Major	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours
		From	To		Title	Date	
Indicate any other trades, skills or licenses you possess related to the position for which you are applying. Include licensing state and expiration date. _____ _____ _____							

Applicant Signature

<ul style="list-style-type: none"> ▪ I authorize the City of University Place, at the time of my application for employment or during the course of employment, to verify information (including criminal history) contained in this application as it relates to the position for which I am being considered, or in which I may be employed. I authorize all previous employers to furnish information concerning my past employment. I hereby acknowledge that the above information is being disclosed at my request and that I will make no claim whatsoever against the City of University Place, the agency being contacted, its agents, or employees arising out of disclosure of such information. ▪ I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from consideration for employment. I understand all statements made on this application may be verified. 	
_____ Signature of Applicant	_____ Date

Employment History

Start with present or last job and work back. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. **RESUMES ARE NOT ACCEPTED IN LIEU OF COMPLETING THE APPLICATION.**

Employed by (agency or firm):		Your Job Title:
City & State		Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)	
Supervisor's Name	Phone No.	
Supervisor's Title		
Starting Salary \$	Final \$	
Number of Hours Worked Per Week		
Number of Employees Supervised		
Reason for Leaving		
May We Contact This Employer <input type="checkbox"/> No <input type="checkbox"/> Yes		
Employed by (agency or firm):		Your Job Title:
City & State		Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)	
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