

Describe your abilities, knowledge and skills that qualify you for this position:

List your licenses or certificates (professional or trade licenses or certificates required for this position)

How did you hear about this position?

WORK HISTORY

Beginning with your present or most recent employment, list your work experience history for the last 10 years. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.

In evaluating your application, we may contact the employers listed below, unless you indicate those you do not want us to contact and state a reason.

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Position Title:	
Primary Duties:		
Hours worked per week:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Position Title:	
Primary Duties:		
Hours worked per week:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Position Title:	
Primary Duties:		
Hours worked per week:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Employer's Name:	From	To
Address:	Supervisor:	
Phone:	Position Title:	
Primary Duties:		
Hours worked per week:	Number of employees supervised by you:	
Reason for leaving (if still employed, indicate reason for wanting to leave):	May we contact your employer? If no, please state reason.	

Were you known by a different name by any of the above employers or educational institutions? () YES () NO
If yes, please identify the employer or educational institution and state the name by which you were known:

DRIVER’S RECORD STANDARDS

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old, and will be required to present a valid Washington State driver’s license with any necessary endorsements. Driving records of applicants will be screened. Applicants will be disqualified under the following circumstances:

- Violations: More than two moving traffic violations within the preceding three years; or reckless driving violations within the preceding five years; or driving while intoxicated within the preceding five years.
- Accidents: More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of “guilty,” or “nolo contendere.”

ACCOMMODATION

If you need accommodation in order to complete or participate in the application or interview process, please notify the Human Resources Office at (360) 454-5221.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the City of Stanwood to provide equal opportunity for employment to all individuals regardless of race, color, religion, sex, national origin, age, veteran status, marital status, political affiliation, sexual orientation, the presence of sensory, mental or physical disability, or other basis prohibited by federal, state or local law. This policy applies to all areas of employment, including, but not limited to, recruitment, selection, placement, retention and separation.

AT-WILL STATUS

I understand that, if employed, I am employed “at-will” and the employment relationship between the City of Stanwood and me can be terminated with or without cause and with or without notice at any time by either the City or me.

SIGNATURE AND ACKNOWLEDGEMENT

I, the below-signed, make this application as an inducement to this Employer to evaluate my application and to employ me. I have read this completed application, including the Equal Employment Opportunity statement, and I certify that entries made by me are without omission and are a full, truthful account of my present and past activities. I authorize and give the right to the City of Stanwood to make a thorough, vigorous investigation of all entries made on this form by me and other materials I have provided. Any false or misleading statement or entry on this form and other material I have provided will result in my immediate termination, if I am employed. I agree to prompt payroll deduction of overpayments made to me or amounts owed to the City of Stanwood.

Date:	This is a legal document, read it carefully before signing. Signature:
-------	---

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby grant permission for the City of Stanwood, to contact any and all of my current/prior employers to inquire about any and all aspects of my current and prior employment. I understand and agree that the City of Stanwood may ask for and receive information regarding my performance, duties, compensation and any other matter in any way related to my current and prior employment. I hereby waive any right I may have, now or in the future, to bring a claim against the City of Stanwood, its past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information about which it may inquire or receive from any of my prior employers. I also hereby waive any right I may have, now or in the future, to bring a claim against any of my current and prior employers, as well as their past or present agents, employees, officials, representatives or attorneys, in their individual or official capacities, for any information they may provide to the City of Stanwood. I acknowledge that this permission and waiver are freely and voluntarily given to the City of Stanwood.

Signature

Printed Name

Date