

# CITY OF SUMNER

## EMPLOYMENT APPLICATION

1104 Maple Street • Sumner, WA 98390 • (253)863-8300



Applications will be processed only when the City of Sumner has announced recruitment and the closing date has not passed. The City of Sumner will not process unsolicited applications for employment nor will it retain applications for future consideration.

### PERSONAL INFORMATION

Name (Last)	(First)	(M.I)	Social Security Number (optional)
Mailing Address		Apt. No.	Work phone with area code
(City)	(State)	(Zip Code)	Home phone with area code

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

Do you wish to work:  Full time  Part time  Temporary Date available for work: \_\_\_\_\_

If part time or temporary, specify hours or days \_\_\_\_\_

### GENERAL INFORMATION

Are you currently employed by the City of Sumner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any commitments to another employer that might affect your employment with us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undergo a pre-employment drug screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible for employment in the United States? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been dismissed or fired from a position, except for lay off due to lack of work? If yes, please explain: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within the past 10 years, have you been convicted of or plead guilty to a criminal offense or been released from prison? (An affirmative answer will not automatically disqualify you from being considered for employment). Place: _____ Court: _____ Nature: _____ Date: _____ Description: _____ Note: The City will investigate only criminal convictions that related to fitness to perform the job for which you are applying and such convictions will not necessarily bar you from employment with the City.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously been employed by the City of Sumner? When: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years of age (21 years of age for police)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives who work for the City of Sumner? (If 'YES', provide the names(s)/ relationship below).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EDUCATION / TRAINING

High School	Location (City & State)	Graduate/G.E.D.
College or University	Location (City & State)	Years Completed
Major	Degree Title	Graduate
College or University	Location (City & State)	Years Completed
Major	Degree Title	Graduate
Vocational Training	Location (City & State)	Years Completed
Trade, Other Training	Location (City & State)	Years Completed <input type="checkbox"/>
Type of License/Certificate	License/Certificate Number	Expiration Date

## VETERAN'S SCORING CRITERIA

Per RCW 41.04.010 certain veterans are eligible for Veteran's Scoring Criteria. Do you meet the criteria and claim Veteran's Scoring Criteria as defined in RCW 41.04.005? If yes, you must attach a DD-214 as proof of eligibility.  Yes  No

Have you ever obtained employment utilizing veteran's preference/scoring criteria?  Yes  No

Are you currently receiving any retirement benefits?  Yes  No

If the selection process does not include a competitive examination process, Veteran's Scoring Criteria will not be recorded.

## EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years; be sure to include all paid, military and applicable volunteer experience. A resume will not be acceptable in lieu of completing this section. If you need additional space, please attach a separate piece of paper. "See resume" will not be acceptable.

From	To	Job Title
Hours Per Week	Number of employees supervised	Name of Company / Organization
Supervisor Name and Title	Supervisors Phone Number	Address
Duties		
Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

From	To	Job Title
Hours Per Week	Number of employees supervised	Name of Company / Organization
Supervisor Name and Title	Supervisors Phone Number	Address
Duties		
Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Hours Per Week	Number of employees supervised	Name of Company / Organization
Supervisor Name and Title	Supervisors Phone Number	Address
Duties		
Reason for Leaving		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

From	To	Job Title
Hours Per Week	Number of employees supervised	Name of Company / Organization
Supervisor Name and Title	Supervisors Phone Number	Address
Duties		

Reason for Leaving
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been known by a different name by any of these employers or any educational institutions attended?  
 Yes \_\_\_ No \_\_\_    If Yes, please identify the employer and state the name: \_\_\_\_\_

<b>REFERENCES – Not employers or relatives</b>			
Name	Address	Daytime Phone	Occupation

### EQUAL OPPORTUNITY

The City of Sumner is an equal opportunity employer, and employment opportunities will NOT be limited because of race, color, religion, sex, nationality, marital status, disability or any other basis prohibited by federal, state or local law. The City of Sumner affirmatively seeks to employ and advance qualified veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The City of Sumner abides by the principles of the Age Discrimination Employment Act (ADEA) and Americans with Disability Act (ADA) and does not unlawfully discriminate on the basis of age or disability.

### DRUG POLICY

It is the policy of the City of Sumner 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. If you are affected by or become an abuser of drugs or alcohol, you may ask for help from your supervisor. Employees may be required to undergo drug or alcohol screening tests while employed with the City of Sumner.

### AGREEMENT

#### Please Read the Following Statements Carefully

I hereby affirm that the information provided on this application (or other materials provided by me, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that nothing in this employment application, in the City's policy statements or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and me. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City of Sumner 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 to make any oral assurance or promised continued employment.

I authorize the City to investigate all statements in this application and to secure any necessary information from all of my employers, references and academic institutions. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and other material provided by me, if any) to provide any relevant information that may be required to arrive at an employment decision regarding my suitability for employment with the City.

### 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 Sumner, to whom I have made an application of employment and is the bearer of this authorization.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature \_\_\_\_\_

## AFFIRMATIVE ACTION QUESTIONNAIRE

Discrimination in employment is prohibited under Title VII of the Civil Rights Act of 1974 and Section 504 of the Rehabilitation Act of 1973. We would appreciate your assistance in gathering the information below. Completing this questionnaire is entirely *voluntary*. This section will be kept separate from the application and the information you provide will remain confidential.

Please check (X) the group with which you identify:

Male

Female

**ASIAN/PACIFIC ISLANDER**

All persons having origins in any of the original peoples of the Eastern Asia, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

**BLACK (not of Hispanic origin)**

All persons having origins in any of the Black racial groups of Africa.

**HISPANIC**

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.

**NATIVE AMERICAN/ALASKAN NATIVE**

All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**WHITE (not of Hispanic origin)**

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**INDIVIDUAL WITH A DISABILITY**

All persons who have a physical or mental impairment which substantially limits one or more major life activity, have a record of such an impairment, or are regarded as having such an impairment.

Reasonable accommodation will be provided to applicants with disabilities as defined by the American with Disabilities Act.