



EMPLOYMENT APPLICATION

6000 Main Street S.W.
Lakewood, WA 98499-5027
(253) 589-2489 (253) 983-7896 (Fax)
24 Hour Job Line (253) 512-2265
TTY Relay: 1-800-833-6384
Visit us on the Web: www.cityoflakewood.us

The City of Lakewood is an Equal Opportunity Employer

Title/Position for which you are applying:			
Name (Last)	(First)	(Middle)	
Mailing Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Cellular (optional) ()	
Email Address (optional)			

Are you a current or former City of Lakewood employee? Yes No

Note: The City's nepotism policy prohibits family members, spouses, or individuals residing with a current employee from working in any capacity that may create a conflict of interest.

Are you related to or residing with any current employee of the City of Lakewood? Yes No

If yes, indicate name and relationship: _____

Can you prove that you are legally entitled to work in the United States? Yes No

Will you be able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

Other than parking tickets, within the past 10 years have you been convicted of or pled guilty to any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? Yes No

If yes, explain below:

Offense	Date	Court	Description

Note: Although the City may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from consideration for employment with the City.

EDUCATION

Name of High School Attended – Location (City, State)	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name(s) of College or University – Location (City, State)	Major	Years Completed	Type of Degree Conferred

List any vocational, on-the-job or other applicable training – Location (City, State)	Training Courses	Credit Hours

LICENSES/CERTIFICATIONS

List any current licenses or certifications which relate to the position for which you are applying:

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

LANGUAGE SKILLS: *List foreign languages.*

Language: _____
 Basic Fluent Written

Language: _____
 Basic Fluent Written

EQUIPMENT EXPERIENCE

	<u>YEARS OF EXPERIENCE</u>	<u>TYPE OF EQUIPMENT; PROGRAMS USED; OTHER DETAILS</u>
<u>SOFTWARE:</u>		
Word Processing	YRS/ WPM	_____
Spreadsheet	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

OTHER RELATED EQUIPMENT: (Specify)

EMPLOYMENT HISTORY

*Beginning with your present or most recent employment, outline your work experience for at least the last 10 years. Include self-employment, military service, and/or volunteer work. Attach additional sheets of paper if you require more space. The following sections **MUST** be completed even if a resume is submitted.*

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

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JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

EMPLOYMENT HISTORY
(Continued)

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			

SUPERVISOR'S NAME/TITLE:
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:
PRIMARY DUTIES:
REASON FOR LEAVING OR CONSIDERING CHANGE:

Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for layoff because of lack of work? Yes No

If yes, please explain: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration, or if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of Lakewood representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations by the City of Lakewood only.

If selected, I will be required to verify that I am legally eligible to work in the United States prior to appointment (P.L. 99-603: U.S. Immigration Reform and Control Act of 1986). I am also aware that if hired by the City of Lakewood, my employment is at-will. The employment relationship may be terminated by the City or the employee at any time.

Signature

Date

The City of Lakewood is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, gender, age, color, creed, national origin, marital status, disability status, sexual orientation, or any other basis prohibited by federal, state, or local law. In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.