



City of Shoreline  
 Human Resources Department  
 17500 Midvale Ave North  
 Shoreline, WA 98133-4921  
 Website: [www.shorelinewa.gov](http://www.shorelinewa.gov)  
 Email: [hadmin@shorelinewa.gov](mailto:hadmin@shorelinewa.gov)  
 206-801-2243 phone / 206-546-1453 fax



# APPLICATION FOR EMPLOYMENT

Please **print clearly** & complete all information. **An incomplete application may delay processing or disqualify you. You may attach a resume, but a resume cannot be substituted for a completed application.**

POSITION APPLYING FOR <i>(Only one position allowed per application – Please <b>do not</b> submit more than one application for the same position)</i>				
Last Name		First Name		Middle Initial
Address		City	State	Zip Code
Phone Number—Home	Phone Number—Cell	Phone Number—Work/Other	Date of Application	
Email Address				

If you are under eighteen (18) years of age, can you provide proof of your eligibility to work?  Yes  No  N/A

Have you ever been employed by the City of Shoreline?  Yes  No

If yes, give date(s): \_\_\_\_\_

Position: \_\_\_\_\_

Are you currently employed?  Yes  No

Are you currently working for or otherwise associated with a firm who does business with the City of Shoreline?  Yes  No

If yes, give name of firm: \_\_\_\_\_

Firm's association with City: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
*(Proof will be required upon employment)*

Are you available to work:  Full-time  Part-time  Seasonal  Temporary  Intern

Can you perform the essential functions of the job with or without a reasonable accommodation?  Yes  No

**The City of Shoreline provides equal employment opportunity for all applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status or disability (as defined under state and federal law).**

List your complete employment history. If you need more space, attach additional sheets. **Not completing this section (including Work Performed) could disqualify your application.**

**Start with your current or last job**

Employer		Dates Employed		Work Performed (include number & titles of any employees supervised)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name/Title			
Reason for Leaving				
Employer		Dates Employed		Work Performed (include number & titles of any employees supervised)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name/Title			
Reason for Leaving				
Employer		Dates Employed		Work Performed (include number & titles of any employees supervised)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor Name/Title			
Reason for Leaving				

# EMPLOYMENT HISTORY (continued):

Employer		Dates Employed		Work Performed (include number & titles of any employees supervised)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**Give dates and explain all periods of unemployment over the last 10 years:**

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## Special Skills and Qualifications

List other activities which have provided you with experience, training or skills which you feel would be helpful in the position for which you are applying:

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## EDUCATION

	High School/GED	Undergraduate College/University	Graduate/Professional
School Name & Location			
Year Graduated (College & Graduate School Only)			
Diploma/Degree			
Course of Study (College & Graduate School Only)			
Describe any applicable training, apprenticeship or extra-curricular activities			
Honors received			
State any additional educational information you feel may be helpful to us in considering your application			

## List professional, trade, business, or civic activities and offices held:

*(You may exclude memberships which would reveal gender, race, religion, national origin, ancestry, sexual orientation, disability or other legally protected status.)*

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# REQUIRED CERTIFICATIONS/LICENSES

Check the boxes of certifications/licenses you currently hold (this information will be used to screen your application)

<input type="checkbox"/> Blood Borne Training Certificate	<input type="checkbox"/> ICC Certification as Mechanical Inspector
<input type="checkbox"/> Certified Records Manager	<input type="checkbox"/> ICC Certification as Plans Examiner
<input type="checkbox"/> Commercial Driver's License: Type _____	<input type="checkbox"/> Lifesaving Certification
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Licensed Architect—Lic. No. _____
<input type="checkbox"/> First aid/CPR certificate	<input type="checkbox"/> Membership in WA State Bar—Bar No. _____
<input type="checkbox"/> Flagging certificate	<input type="checkbox"/> Municipal Clerk Certification
<input type="checkbox"/> IAPMO Plumbing Certification	<input type="checkbox"/> Pool Operator Certificate
<input type="checkbox"/> ICC Certification as Building Inspector	<input type="checkbox"/> Professional Engineer Registration No. _____
<input type="checkbox"/> ICC Certification as Building Official	<input type="checkbox"/> Project Manager Certification
<input type="checkbox"/> ICC Certification as Combination Inspector	<input type="checkbox"/> WSI
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

# CRIMINAL HISTORY INFORMATION

The City of Shoreline must consider an applicant's conviction record as it relates to job performance. A conviction record will not necessarily disqualify you from employment unless it would reasonably relate to the duties of the job.

Have you been convicted of a crime, other than minor traffic violations, or released from prison within the last ten years?

Yes                       No

If yes, indicate date, nature of offense, and disposition:

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# APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I hereby give the City of Shoreline the right to check all employment related references and to make a thorough investigation of my past employment, education, and activities. The City reserves the right to contact additional employment related references that may have information regarding your ability to do this job. I release from liability all persons, companies and corporations supplying such information. I indemnify the City of Shoreline against any liability which might result from making such investigation. I understand that any falsification, misrepresentation, or material omissions on this application may result in denial of employment or discharge.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Shoreline and myself for any term of employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City of Shoreline unless made in writing by the City Manager or his/her authorized representative. Employees at the City of Shoreline are hired for indefinite terms of employment. No agent or representative of the City of Shoreline other than the City Manager, and then only in writing, has any authority to enter into any agreement for employment for any specified period of time.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

(You may fax or email application materials to [hradmin@shorelinewa.gov](mailto:hradmin@shorelinewa.gov) as long as the application includes a **valid signature**)