



City of Shoreline

Human Resources Department

17544 Midvale Ave North, Suite 100

Shoreline, WA 98133-4921

Website: [www.cityofshoreline.com](http://www.cityofshoreline.com)

Email: hradmin@ci.shoreline.wa.us

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.***

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| POSITION APPLYING FOR *(Only one position allowed per application – Please* ***do not*** *submit more than one application for the same position)*        |
| Last Name      | First Name      | Middle Initial      |
| Address      | City       | State      | Zip Code      |
| Telephone Number⎯Home      | Telephone Number⎯Cell      | Telephone 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 Yes No

who does business with the City of Shoreline?

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).**

**EMPLOYMENT HISTORY**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)

|  |  |
| --- | --- |
| [ ] Blood Borne Training Certificate | [ ] ICC Certification as Mechanical Inspector |
| [ ] Certified Records Manager | [ ] ICC Certification as Plans Examiner |
| [ ] Commercial Driver’s License: Type\_\_\_\_\_\_\_ | [ ] Lifesaving Certification |
| [ ] Drivers License | [ ] Licensed Architect—Lic. No.\_\_\_\_\_ |
| [ ] First aid/CPR certificate | [ ] Membership in WA State Bar—Bar No.\_\_\_\_\_ |
| [ ] Flagging certificate | [ ] Municipal Clerk Certification |
| [ ] IAPMO Plumbing Certification | [ ] Pool Operator Certificate |
| [ ] ICC Certification as Building Inspector | [ ] Professional Engineer Registration No.\_\_\_\_\_ |
| [ ] ICC Certification as Building Official | [ ] Project Manager Certification |
| [ ] ICC Certification as Combination Inspector | [ ] WSI |
| [ ] Other       | [ ] 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?

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.

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  *Signature of Applicant Date*

 *(You may fax or email application materials to* *hradmin@ci.shoreline.wa.us* *as long as the application includes a* ***valid signature****)*