

**City of Medical Lake
APPLICATION FOR EMPLOYMENT**

124 S. Lefevre
P. O. Box 369
Medical Lake WA 99022-0369

Phone: (509) 565-5000
FAX: (509) 565-5008

PLEASE PRINT

THE POSITION APPLIED FOR: _____
(AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU)

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: Home:() _____ Work:() _____ Are you 18 years or older? Yes No

ARE YOU A CURRENT OR FORMER EMPLOYEE OF MEDICAL LAKE? Yes No POSITION/DEPT: _____

RELATIVES EMPLOYED BY THE CITY OF MEDICAL LAKE? Yes No RELATIONSHIP/DEPT: _____

IS THERE ANY CONDITION THAT WILL INTERFERE WITH PERFORMING THE ESSENTIAL DUTIES OF THE JOB APPLIED FOR WITH OR WITHOUT ACCOMMODATION? Yes No IF YES, PLEASE DESCRIBE:

TYPE OF WORK DESIRED: FULL-TIME PART-TIME SUMMER JOB SHARE
 OTHER _____
(Specify)

EDUCATION:

Type of School	School & Location	Dates	Major Course	Degree
High School or GED				
Business or Technical				
Undergraduate Studies				
Graduate Studies				
Other Courses and Training				

SPECIAL TRAINING/PROFESSIONAL LICENSES: _____

GIVE THE NUMBER OF YEARS EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING
(if appropriate for the job applied for):

10 Key _____ Data Entry _____ Typing _____ DI _____

Computer Software (please specify) _____

ARE YOU ELIGIBLE FOR VETERAN'S PREFERENCE? Yes No (If Veteran's is granted proof of eligibility will be required)

The City of Medical Lake is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to the job. A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.

WORK HISTORY: Beginning with your present or most recent employment, list your work experience history. Be sure to include any non-paid experience which is related to the job for which you are applying.

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: () _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

EMPLOYERS NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ SUPERVISOR: _____

PHONE: () _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

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PHONE: () _____ NUMBER OF HOURS PER WEEK: _____ STARTING SALARY: _____

POSITION _____ LAST SALARY: _____

NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER: _____

REASON FOR LEAVING: _____

PRIMARY DUTIES: _____

If you need additional space, please continue on a separate sheet of paper

ADDITIONAL SKILLS and QUALIFICATIONS: (Summarize any additional job-related skills and/or qualifications)

If you need additional space, please continue on a separate sheet of paper

REFERENCES

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

I hereby state that all the information given by me in this application is true in all respects. I understand that if the information is found to be false in any respect, my application will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits and my work performance while in their employ. I hereby authorize the personal references to release any personal information that may pertain to my work habits or work performance.

I understand that the City will require applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination and that any offer of employment with the City of Medical Lake is conditional upon the results of my physical examination (including urinalysis or blood tests for drug or alcohol screens) being satisfactory. I understand that if I am employed, the City will require that I submit to a drug or alcohol screen if I apply for promotion, if I am involved in an on-the-job accident, or if the City has a reasonable suspicion that I am under the influence of drugs or alcohol and I hereby authorize the release of the results of any physical examinations or drug tests required herein as necessary. I further understand that when the City has reasonable cause to believe that I possess a substance in violation of City policy, the City may inspect all lockers and any bags (including purses or briefcases) or parcels brought into or taken from my place of employment.

Signature _____

Date _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the City of Medical Lake with any and all information you have concerning me, my work record, my reputation, my medical record, my military service records and my financial status. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Medical Lake in determining my qualifications and fitness for the position I am seeking with the City.

I understand my rights under Title V, United States Code, Section 552a; the Privacy Act of 1974 and waive those rights with the understanding the information furnished will be used by the City of Medical Lake.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature

Date

NOTE:

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

You may retain this form in your files.