



Application For Employment

City of Medical Lake
124 S. Lefevre, Po Box 369
Medical Lake, WA 99022

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

(An incomplete application may delay action or disqualify you)

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes No	Are you a veteran? Yes No	Do you have relatives working for this organization?	Yes No

If selected for employment a background check will be completed

Position

Position you are applying for	Available start date	Desired pay
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Employment desired

Full time Part time Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Reason for leaving		
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Reason for leaving		
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Reason for leaving		
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone	Reason for leaving		
Address	City	State	Zip
Additional Skills and Qualifications:			

Signature Disclaimer

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 employment. 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 authorize a criminal background check. 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. _____

Name (please print)	Signature
Date	