



CITY OF MILTON

1000 Laurel Street, Milton, WA 98354
Telephone: (253) 922-8733 * Fax: (253) 922-2385

THE CITY OF MILTON IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

TITLE/POSITION FOR WHICH YOU ARE APPLYING: _____

Name: _____
(Last) (First) (Middle)

Other Names Used (during your work experience or education): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

Do you require a particular accommodation for: Testing? _____ In the workplace? _____

What accommodation do you require? _____

PLEASE NOTE: This application form was designed for use by applicants for various types of positions, clerical, professional, technical and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially.

TYPE OF WORK DESIRED

Do you wish to work: _____ Full Time _____ Part Time _____ Temporary

What is your weekly salary requirement? \$ _____

Date available for work: _____

Do you have any commitments that might affect your employment with us? _____

If yes, explain: _____

MILITARY EXPERIENCE

Have you served in the United States Military? _____ Branch: _____

Rank/Rating: _____ Honorable Discharge? _____

Describe your duties: _____

SKILLS

What business machines can you operate? _____

Typing speed _____

What computer experience do you have? _____

A. Level of skill: _____

B. Operating experience: _____

C. Software used: _____

D. Other skills: _____

EDUCATION

School	Name	City/State	Year(s) Attended	Major/Degree
High School				
College				
Graduate School				
Trade School				
Other				

EMPLOYMENT HISTORY

Begin with your present or most recent employment. (Use additional paper if necessary.)

May we contact this employer? ___ Yes ___ No

Employer: _____

Address: _____

Employed from: _____ To: _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary – Start: \$ _____ End: \$ _____ Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____

Address: _____

Employed from: _____ To: _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary – Start: \$ _____ End: \$ _____ Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____

Address: _____

Employed from: _____ To: _____ Supervisor: _____

Your job title: _____ Phone: _____

Monthly salary – Start: \$ _____ End: \$ _____ Duties: _____

Reason for Leaving: _____

GENERAL INFORMATION

Are you a U.S. Citizen? Yes No If no, what visa do you hold? _____

Are you over the age of 18? (21 for police applicants) Yes No

Are you willing to undergo a pre-employment physical examination? Yes No

Can you perform the bona fide occupational qualifications of the job for which you are applying with or without accommodation?) Yes No

Other than parking tickets, have you ever been convicted of any law violation or released from prison within the last 10 years? Yes No *(A conviction will not necessarily bar you from employment)*

Charge	Agency	Disposition
_____	_____	_____
_____	_____	_____

LICENSES/CERTIFICATIONS

Do you have a valid WA State driver's license? _____ License # _____ Exp: _____

Do you have a valid Washington Commercial Driver's License? _____

Do you have any other licenses or certifications? _____

Do you authorize the City of Milton to investigate your driving record? _____

REFERENCES

(NOT RELATIVES)
(Please List at Least Three)

Name	Address	Phone	Occupation

Have you previously applied for employment with the City of Milton? _____

Do you have any relatives employed by the City of Milton? _____

If yes, list name(s) and department(s): _____

List the name(s) of any City of Milton employees that you are acquainted with: _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, gender, race, religion, ethnicity, or disability.)

EQUAL OPPORTUNITY

The City of Milton is an equal opportunity employer, and employment opportunities will NOT be limited because of age, race, color, religion, gender, nationality, or disability. The City of Milton affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The City of Milton abides by the principals of the Age Discrimination in Employment Act (ADEA) and Americans with Disabilities Act (ADA) and does not unlawfully discriminate on the basis of age or disability.

DRUG POLICY

It is the policy of the City of Milton to maintain a drug free workplace. Employees who are observed in possession of, or using controlled substances (drugs) will be terminated and may have criminal charges filed against them. If you are affected by or become an abuser of drugs or alcohol you may ask for help from your supervisor.

AGREEMENT

I certify that all information I have provided in order to apply for and secure work with the City of Milton is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer's service whenever it is discovered.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurance to the contrary that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Chief Administrative Officer or his/her designee.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

RELEASE

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I consent to the release of my DOL driver's abstract, defendant case history, and court documents available from law enforcement and court agencies, whether in paper or electronic format.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Applicant's Signature

Date