



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 an 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: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____

Address: _____

Employed from: _____ To: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer: _____

Address: _____

Employed from: _____ To: _____ Supervisor: _____

Your job title: _____ Phone: _____

Duties: _____

Reason for Leaving: _____

GENERAL INFORMATION

Authorized to work in US? 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

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? _____

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 based on 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 to apply for and secure work with the City of Milton is true, complete and correct to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the City of Milton's interest, nor will I become engaged in such activity or business if employed.

I understand that this application remains current for only 45 days. At the end 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 Mayor 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. If the position you are applying for requires driving a city vehicle for business, you will be asked to provide a driving abstract upon hire.

RELEASE

I authorize the City of Milton to solicit information regarding my character, general reputation, credit, previous employment, DOL drivers abstract, defendant case history, court documents available from law enforcement and court agencies and similar background information, and to contact any and all references. I agree to hold the City of Milton harmless from and against all claims, losses and expenses, including reasonable attorney fees, arising out of the use or disclosure of any information obtained from sources as a result of this Authorization for Release of Information.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the City of Milton from any liability for future references it may provide regarding my work history at the City.

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