

Print and Mail to



HUMAN RESOURCES
 CITY OF EVERETT
 2930 Wetmore Ave. 6A
 Everett, WA 98201

Affirmative Action
 Equal Opportunity
 Employer

APPLICATION FOR EXAMINATION / EMPLOYMENT

READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. MUST BE LEGIBLE – DARK INK ONLY.
2. YOU MUST SHOW THAT YOU MEET THE ANNOUNCED MINIMUM REQUIREMENTS FOR THE EXAMINATION.
3. YOU MUST SUBMIT AN ORIGINAL, SIGNED APPLICATION FOR EACH EXAM / POSITION.
4. RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR THE APPLICATION AND ANY OTHER REQUIRED ATTACHMENTS.
5. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

IMPROPERLY COMPLETED OR UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED.

POSITION/EXAMINATION APPLYING FOR:	
NAME: (Last, First, Middle)	
MAILING ADDRESS: (Street, City, State, Zip Code)	
PRESENT ADDRESS: (Street, City, State, Zip Code)	
HOME PHONE: (Include Area Code)	
EMAIL ADDRESS:	
BIRTH DATE: (Required for police/fire positions only)	

The City of Everett requires new hires to establish identity and employment authorization in accordance with the Immigration Reform and Control Act of 1986.

DO YOU HAVE A VALID WASHINGTON DRIVERS LICENSE	Yes No (circle one)	Drivers License No.:
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WORK EXPERIENCE

- Describe in Detail your work experience which meets the qualifications for this exam
- List other jobs you have held. Be sure to include your present job. Attach additional sheets if necessary.

PRESENT OR LAST EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR / PHONE		MAY WE CONTACT
	/		Yes No (circle one)
LIST YOUR JOB TITLE AND SPECIFIC DUTIES	REASON FOR LEAVING		

EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR / PHONE		MAY WE CONTACT
	/		Yes No (circle one)
LIST YOUR JOB TITLE AND SPECIFIC DUTIES		REASON FOR LEAVING	
EMPLOYER	DATE STARTED	DATE LEFT	PAY
ADDRESS	SUPERVISOR / PHONE		MAY WE CONTACT
	/		Yes No (circle one)
LIST YOUR JOB TITLE AND SPECIFIC DUTIES		REASON FOR LEAVING	

• LIST OTHER JOBS YOU HAVE HELD

DATES	JOB TITLE	EMPLOYER		
PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION (if required)		LICENSE NO.	DATE ISSUED	EXPIRATION DATE

EDUCATION

HIGH SCHOOL Name and Location		DID YOU GRADUATE?		IF NOT, HAVE YOU PASSED A G.E.D. TEST?				
		Yes No (circle one) Year: _____		Yes No (circle one) If Yes, date passed: _____				
COLLEGE ATTENDED Name and Location	DATES ATTENDED		FULL OR PART-TIME	CREDITS EARNED		MAJOR	DATE OF DEGREE	TYPE OF DEGREE
	From	To		Sem.	Qtr.			
OTHER COURSES AND TRAINING	NAME OF INSTITUTION		LOCATION		LENGTH OF COURSE		DATE	

A CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT.

Have you been convicted of a felony within the last ten years? Yes No (circle one) If yes, please describe:

Have you been convicted of any criminal violations (including traffic infractions, such as speeding tickets and other moving violations) within the last seven years? Yes No (circle one) If yes, please describe:

If more space is required, please attach details.

Have you ever served in the Military services of the United States? Yes No (circle one)	Are you receiving veteran's retirement pay? Yes No (circle one) If so, what kind? _____	Do you claim veteran's preference? Yes No (circle one) If claiming veteran's preference, you must attach a copy of your Form DD 214.
Active Duty Dates: Branch of Service:	Have you received an appointment with City of Everett where Veteran's Preference was used? Yes No (circle one)	Have you ever been employed by the City of Everett? Yes No (circle one)
Have you ever contributed to or retired from one of the WA ST RET SYS? Yes No (circle one) _____ (name of system)	If Yes, what position? _____ Under what name? _____ Why did you leave? Resigned <input type="checkbox"/> Lay Off <input type="checkbox"/> Quit <input type="checkbox"/> Dismissal <input type="checkbox"/> Still Employed <input type="checkbox"/>	

APPLICANTS ARE REQUIRED TO COMPLETE THIS SECTION

Applicants are required to use this space to indicate how they meet the eligibility requirements to apply for this position as listed on the job announcement. A resume may be attached but will not be accepted as a substitute for completing the section.

[Empty space for applicant response]

CERTIFICATE OF APPLICANT

- A. I understand that failure to show how I meet the minimum requirement for this position may make me ineligible to compete in this examination process.
- B. I understand that drug testing is required for CDL holders and Public Safety positions prior to hire.
- C. I also understand that background inquiries will be made and should investigation at any time disclose any misrepresentation or falsification, my application may be rejected, my name may be removed from the register, or I may be dismissed from City of Everett employment
- D. I hereby certify that all statements made on or in connection with this application including those regarding my training and experience are true and complete to the best of my knowledge and belief.

.....
(Signature of Applicant)

.....
(Date)

RECOMMENDATION:

THIS INFORMATION ASSISTS THE CITY OF EVERETT TO IDENTIFY RECRUITMENT NEEDS. ALTHOUGH COMPLETION IS OPTIONAL, YOUR COOPERATION WOULD BE GREATLY APPRECIATED.

HUMAN RIGHTS DATA:

PLEASE SELECT ONLY ONE

POSITION/EXAM TITLE _____

DATE _____

SEX: Male Female

RACE:

AGE: 18 to 24
25 to 39
40 & above

White Black American Indian or Alaskan Native
 Asian or Pacific Island Islander Hispanic

-- RECRUITMENT INFORMATION --

How did you hear about the position for which you are applying?

Friend or relative	<input type="checkbox"/>	
City Employee	<input type="checkbox"/>	
City Job Line	<input type="checkbox"/>	
City Web Site	<input type="checkbox"/>	
Newspaper Advert.	<input type="checkbox"/>	Name of Newspaper:
Other	<input type="checkbox"/>	Please specify: