



## Employment Application

Phone ( 425)888-1555

Fax (425)831-6041

CITY OF SNOQUALMIE

P.O. Box 987, Snoqualmie, Washington 98065  
<https://www.snoqualmiewa.gov/156/Join-Our-Team>

The City of Snoqualmie is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, sex, national origin, age, marital, or military status; disability; pregnancy; sexual orientation; genetic status, or any other legally protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. Applicants are required to fill out a separate application for each position for which they apply. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.**

Verification of eligibility to work in the U.S. will be required if an employment offer is made.

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### Applicant Information

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Birth date \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you a licensed EMT now? If yes, please list your license number \_\_\_\_\_

License expiration date \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Are any of your relatives presently employed with the [Member name]?  Yes  No

If yes, please provide names of relatives, their positions, and departments.

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Are you employed now?  Yes  No

What date would you be available to start as a volunteer? \_\_\_\_\_

Are you fluent in any foreign language (if job related)? List: \_\_\_\_\_

Have you been convicted of or plead guilty or no contest to a felony or misdemeanor?  Yes  No

If yes, please complete the following:

Conviction: \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Please explain: \_\_\_\_\_

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## Education

Proof of highest level of education attained must be attached to application package.

	High School	College/University	Graduate/Professional
<b>School Name</b>			
<b>Diploma/Degree</b>			
<b>Year Graduated</b>			
<b>Honors Received</b>			
<b>Describe Course of Study</b>			

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## U.S. Military Record

*RCW 41.04.010 provides for a veterans' preference to be added to the passing grade of certain veterans. If you believe that you are eligible to be considered for such preference you should complete the following questionnaire, by checking statements that apply to you. **Also, certify the accuracy of your answers by your signature, and attach a copy of your DD214 form.***

Have you served in the U.S. Armed Forces?  Yes  No (***if no, skip to Employment Experience***)

If yes, please give the dates: From \_\_\_\_\_ To \_\_\_\_\_ Branch: \_\_\_\_\_

Date of termination from the United States active military service \_\_\_\_\_.

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## Employment Experience

*List all of your work experience including military and voluntary service assignments. ***Start with your present or last job. Attach an additional sheet if necessary.****

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May We Contact This Employer?  Yes  No If no, why not? \_\_\_\_\_

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Have you worked under a different name for any of these employers?  Yes  No

If yes, identify the employer(s): \_\_\_\_\_

State the name: \_\_\_\_\_

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## **Skills/Training**

Please summarize your job-related skills or specialized training that might be helpful in a position of First Responder: \_\_\_\_\_

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List job related professional, trade, business, or civic associations and any offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

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List job-related special accomplishments, publications, and awards. (You may exclude information that would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

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List any additional information you would like us to consider. Also, let use know if you have ever worked as an EMT before or any other medical or first responder position?

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## References

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

Name	Company	Job Title	Work Phone	Other Phone
Name	Company	Job Title	Work Phone	Other Phone
Name	Company	Job Title	Work Phone	Other Phone

## Acknowledgements

Accuracy of Information. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment, or for termination if employed.

Information Release. I authorize the City of Snoqualmie to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, driving record, and other job-related information. I give my full consent for all contacted persons, including former employers, to provide the information concerning this application. Further, I waive my right to bring a claim against these individuals for any damages arising from furnishing the requested information to the City of Snoqualmie. I also release the City of Snoqualmie from all liability that might result from checking such references.

Drug Testing. A post-offer drug and/or physical examination may be required. I understand that, as allowed by the Americans with Disabilities Act, any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered which does not permit me to perform the essential functions of the job and for which no reasonable accommodation can be made.

In the event of my employment with the City of Snoqualmie, I will comply with all rules, regulations, and policies set forth in the City of Snoqualmie Personnel Policies, Collective Bargaining Agreements or the communications distributed by the City of Snoqualmie.

**I UNDERSTAND THAT NO EMPLOYMENT OFFER IS BEING MADE BY THE CITY OF SNOQUALMIE AT THIS TIME. I ALSO UNDERSTAND THAT NOTHING IN THIS APPLICATION IS INTENDED TO IMPLY OR CREATE AN EMPLOYMENT CONTRACT AND THAT NO CITY OF SNOQUALMIE REPRESENTATIVE HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY.**

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Signature

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Date