



City of Duvall

Small Town. Real Life.

City of Duvall
P.O. Box 1300
15535 Main Street NE
Duvall, WA 98019-1300
(425) 788-1185
Fax (425) 788-8097
jobs@duvallwa.gov
www.duvallwa.gov

Employment Application

The City of Duvall is an equal opportunity employer and does not unlawfully discriminate on the basis of race and color, religion and creed, national origin, sex, marital status, HIV, AIDS, and hepatitis C status, honorably discharged veteran or military status, age, disability, pregnancy and maternity, sexual orientation and gender identity, use of a guide dog or other service animal, genetic information or any other protected class status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process shall notify the City Clerk.

READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. *MUST BE LEGIBLE*
2. *YOU MUST SHOW THAT YOU MEET THE ANNOUNCED MINIMUM REQUIREMENTS*
3. *YOU MUST SUBMIT AN APPLICATION FOR EACH POSITION*
4. *RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE*

Please Print or Type

Position Title: _____ **Date of Application:** _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other _____

Name: _____
LAST FIRST MIDDLE INITIAL

Address: _____
NUMBER STREET CITY STATE ZIP CODE

Phone: _____ **Email:** _____

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 From _____ To _____

On what date would you be available for work? _____

Are you employed now? YES NO If yes, may we contact your present employer? YES NO

Are you on a lay-off and subject to recall? YES NO

Are you available to work Part Time Full Time Shift Work Temporary

Are you over the age of 18? YES NO

Are you a U.S. citizen, or do you have a Visa permitting you to work in the U.S.? YES NO
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)

Can you travel if the job requires it? YES NO

If you are applying for a position where you will be expected to drive on duty, do you have or can you obtain, a valid Washington State Driver's License? YES NO N/A

Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.04.010? YES NO

CONTINUED ON NEXT PAGE

Employment History

- Start with your present or last job. Include military service assignments and volunteer activities.
- Complete the following sections even if you are submitting a resume. Attach additional sheets as necessary.

Employer's Name _____	From _____	To _____
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

Employer's Name _____	From _____	To _____
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

Employer's Name _____	From _____	To _____
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

Employer's Name _____	From _____	To _____
Address _____	Supervisor _____	
Phone _____	Hours Worked Per Week _____	
Position _____	Start Salary _____	
Number of Employees Supervised By You _____	Last Salary _____	
Reason For Leaving _____		
Primary Duties _____		

Education and Training

Highest Grade Completed: 8 9 10 11 12 GED

Colleges/Other Training	Major/Subject	Degree/Certificate	Date Completed

Foreign Languages _____

SPEAK

READ

WRITE

List any Extracurricular Activities, Honors Received, or any additional information you feel may be helpful to us in considering your application.

References

LIST TWO PROFESSIONAL REFERENCES

1.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

2.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

LIST TWO PERSONAL REFERENCES

1.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

2.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE NUMBER

The City of Duvall is mindful of its obligation to employ qualified person and its entitlement under law to consider an applicant's conviction(s) record as it relates to job performance. **A conviction record will not automatically disqualify you for employment.** Applicants will be asked to disclose information about their criminal history in the last ten years.

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I am applying for employment in a position where I will or may have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Duvall will complete a thorough background check as allowed by the Child/Adult Abuse Information Act. Background checks are also completed for other positions. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I am applying for a safety sensitive position or one which requires a Commercial Driver License. I authorize investigation of all statements in this application. I understand that providing false information on this application is grounds for disqualification and/or dismissal. I understand that nothing in this application or my communications with any City of Duvall official is intended to create an employment contract between the City of Duvall and me.

SIGNATURE

DATE