City of Clyde Hill Application for Employment

City of Clyde Hill

Signature

9605 NE 24th Street Clyde Hill, WA 98004 Phone: 425.453.7800 Email: cityhall@clydehill.org You must submit a separate Application for each position. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required.

DO NOT submit a photograph of yourself.



The City of Clyde Hill 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.

Applic	ant: Write the Position Tit	le of the job you are an	nlying for here		
	ant. White the Fosition 11t	ic of the job you are app	Jiying for here		
_					
Name	(Last)		(F	irst)	(Middle)
Address	· , ,		·	•	, ,
_		City	St	ate Zip	
Home Phone	() Cell	()	Work ()	Email	
Are you autho	orized to work in the United				
	City of Clyde Hill? d, a form I-9, Employment				
Eligibility Ver	rification, must be		Are you over	the age of 18? \square Yes [□No
ompleted at t	the start of employment).	☐ Yes ☐ No			
	dying for a position where you or can you obtain, a valid Wasl			No N/A	
io you nave, o	T can you obtain, a vand was	mington State Driver & Li	icense:		
FRAINING A	AND EDUCATION				
	of Education: High school	l or GED Associates	Degree or Certification [Bachelors Degree	Masters Degree or Hig
Colleges/Othe		Subject/Ma		Degree/Certificate	
Joneges/ Othe		Subjectivi	J01	Degree, cortificate	
	T, OFFICE AND COMPUTER				
Describe comp	outer and other equipment operate	tion skills. Include prograr	ns used & other information	relevant to the position for	or which you are applying
	CONVICTIONS		1.5	1 1	1:
The City of Cl	yde Hill is mindful of its obliga	ntion to employ qualified p	persons and its entitlement un natically disqualify you for	der law to consider an ap employment. Applican	pplicant's convictions rec ts will be asked to discl
The City of Cl as it relates to		on record will not autom	persons and its entitlement ur natically disqualify you for	der law to consider an ap employment. Applican	plicant's convictions rec ts will be asked to discl
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The City of Cl as it relates to nformation ab PROFESSION Name/Title Name/Title Name/Title To the best of my constition for which unsupervised accurate the Child/Adult abore-employment	yde Hill is mindful of its obliga job performance. A convictio out their criminal history in the NAL REFERENCES (Do Not IS REQUIRED y knowledge, the information hereinch I am applying, with or without recess to children, developmentally di	Employer I is true and complete. I have reasonable accommodation. I isabled persons, or vulnerable d checks are also completed fety sensitive position or one of the set of the sensitive position or one of the set of the sensitive position or one of the set of the sensitive position or one of the set of the sensitive position or one of the set of the sensitive position or one of the set of the sensitive position or one of the	er er er er er did the Position Opening Anno understand that if I am applying adults, the City of Clyde Hill w or other positions. I understand twhich requires a Commercial Dr	Phone Phone Phone Phone Incement and I can perform for employment in a positiill complete a thorough back hat I will be tested for the priver License. I authorize invo	the essential functions of the company of the compa

Date

WORK HISTORY					
Beginning with your present or most recent employment, list all work/experience history for the last 10 y the position for which you are applying. Attach additional sheets as necessary. Be sure to include any napplying. Complete the following sections even if you are submitting a resume in addition to this applying been known by a different name by any of these employers, please	on-paid experience oplication. An inc	es which are omplete app	e related to the plication may o	job for which you a	re ou
Employer's Name	From	Mo/Year	То _	Mo/Year	_
Address	Supervisor				
Phone	Hours Worked	Per Week			
Position	=				
Number Of Employees Supervised By You	_				
Reason For Leaving					
Primary Duties					
		Mo/Year		Mo/Year	
Employer's Name	From		To		
Address	Supervisor				
Phone	Hours Worked	Per Week			
Position	_				
Number Of Employees Supervised By You	-				
Reason For Leaving					_
Primary Duties					_
Employer's Name	From	Mo/Year	To	Mo/Year	_
Address	Supervisor				
Phone	Hours Worked	Per Week			
Position	_				
Number Of Employees Supervised By You	-				
Reason For Leaving	<u>-</u>				
Primary Duties					
	-				

Employer's Name	Mo/Year From	To Mo/Year
Address	Supervisor	
Phone	Hours Worked Per We	eek
Position		
Number Of Employees Supervised By You		
Reason For Leaving		
Primary Duties		

AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been notified that he/she is one of the finalists.

I certify that the information given by me to the City of Clyde Hill is true and complete to the best of my knowledge. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, will result in disciplinary action up to and including 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 Clyde Hill's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Clyde Hill, in consideration of the review of my employment application, do authorize the City of Clyde Hill to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references I have given on my application. 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 Clyde Hill from any liability for future references it may provide regarding my work history at the City of Clyde Hill.

It is my intention that any copy of this authorization be as effective as the original.

Date	
Name (Please Print)	
Signature	

DRIVING RECORD

(To be completed with application)

Print	Last	First	MI		
List all notices	of infractions or traffic citations (o	other than parking tickets) re	eceived in the past 5 year		
State Month/Year		Туре	Type of Infraction		
	or citations will not necessarily remo er, consider your driving record when	Ţ	•		
	ation provided above is true to the b nation is cause for elimination in the				
Signed:		Date:			
their Abstr Washington	pon notification that references will act of Driving Record (ADR) to H State Department of Licensing for a s t each Finalist's own expense.	uman Resources. ADR's m	ay be obtained at any		

City of Clyde Hill Driving Standards:

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid driver license issued by the state of residence, with any necessary endorsements. Driving records of applicants may be checked. Applicants may be disqualified for unacceptable driving record pursuant to the City of Clyde Hill's driving standards policy.

THIS PAGE WILL BE REMOVED FROM THE APPLICATION AND KEPT **SEPARATELY** Name: **Please Print** Last First MI Are you a former or current City of Clyde Hill Employee? ☐ Yes ☐ No If Yes, please tell us: When you worked Department Position Title Supervisor Having a relative employed by the City of Clyde Hill will not necessarily bar you from employment. Do you have any relatives employed by the City of Clyde Hill? Yes No If yes, Please list their name/s and relationship/s We would appreciate completion of the information below. This is entirely voluntary. The City of Clyde Hill is committed to non-discrimination in employment practices. This information will be kept confidential and will be used for EEO record keeping purposes only. Sex ☐ Female Male ☐ Caucasian ☐ African American ☐ Hispanic or Latino ☐ Asian Ethnic Category (Check one) ☐ Native Hawaiian or Other Pacific Islander ☐ Alaskan Indian / Native American Two or More Races Other I have read the Position Opening Announcement and I can perform the essential functions of ☐ Yes the position for which I am applying, with or without reasonable accommodation. No Please tell us how you learned of this opening City of Clyde Hill (website) Professional Firm (e.g. headhunter) Internet (general) Professional Organization (e.g. ICMA, APWA, etc.) GovJobsToday.com Friend/Relative City of Clyde Hill Employee AWC Job Net Clyde Hill City Hall (walk-in) Other_ **APPLICATION ASSEMBLY and HIRING PROCESS: Assemble application materials in this order:** 1: City of Clyde Hill Application Front Page, 2: Work History, 3: Supplemental Questionnaire (*if required*), 4: Authorization To Release Employment Records, 5: Driving Record. 6: The following optional items may follow in this order: cover letter, resume, reference list, etc. Those applicants who submit a complete and timely application and are invited to participate in any

testing and/or interview stages of the selection process will be notified by phone, email, or mail. Those who are not will be notified. Incomplete or late applications will not receive notification.

Thank you for considering the City of Clyde Hill as your prospective employer.