



## Application for Employment

Position \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle (Other Names you Have Used for Employment)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you Age 18 or Older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Current or Former City Employee? \_\_\_\_\_ Position/Dept. \_\_\_\_\_ Dates \_\_\_\_\_

Type of Work Desired? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer

Can you Provide Proof that you Have a Legal Right to Work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Indicate Highest Education Level Achieved:			
<input type="checkbox"/> High School <input type="checkbox"/> Associate of Arts/Science <input type="checkbox"/> Bachelor of Arts/Science <input type="checkbox"/> Master of Arts/Science			
Education: School/Location	Dates of Enrollment	Degree/Diploma or Credits Earned	Major
Business or Trade			
Undergraduate Studies			
Graduate Studies			
Other Courses or Training			

Special Skills or Licenses Related to the Job for Which you are Applying \_\_\_\_\_

Do you Possess a Valid Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No (Needed when Requirement Stated on the Job Announcement)

Do you Claim Veterans Preference? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, a Copy of your DD - 214 is Required)

Give Years of Experience or Training and/or Speeds for the Following if Applicable to Position Applying for:

\_\_\_\_\_ 10 Key \_\_\_\_\_ Typing \_\_\_\_\_ Dictaphone \_\_\_\_\_ Calculator \_\_\_\_\_ Word Processing

Computer Equipment and Programs Used \_\_\_\_\_

The City of Mountlake Terrace is an Equal Opportunity Employer and does not Discriminate on the Basis of Race, Color, Religion, National Origin, Age, Disability, Marital or Veteran Status, Political Affiliation, or any Other Legally Protected Status.

Do you Require Special Accommodation to Perform the Essential Functions of the Job or to Complete the Application Process? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Work History: Please List Present or Most Recent Employment First. Attach Additional Pages if Necessary.**

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Monthly Salary: Beginning \_\_\_\_\_ Final \_\_\_\_\_  
Major Duties \_\_\_\_\_

Number of Persons you Supervised \_\_\_\_\_ May we Contact this Employer? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Monthly Salary: Beginning \_\_\_\_\_ Final \_\_\_\_\_  
Major Duties \_\_\_\_\_

Number of Persons you Supervised \_\_\_\_\_ May we Contact this Employer? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_  
Position \_\_\_\_\_ Monthly Salary: Beginning \_\_\_\_\_ Final \_\_\_\_\_  
Major Duties \_\_\_\_\_

Number of Persons you Supervised \_\_\_\_\_ May we Contact this Employer? \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Professional References (Do not List Relatives.)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all statements above (and in accompanying material, including resume, if any) as well as the facts presented verbally in any interview, are true and complete to the best of my knowledge. Any false statement, misrepresentation, or consequential omissions of any kind made by me are sufficient grounds for denying employment or for dismissal. I understand that any employment is conditional upon a background check which may include felony, driving, drug, or credit check. Any information learned from the background investigation (which the City may have a legal obligation to reveal) may be forwarded to my current employer.

I authorize all previous employers to furnish any and all information they may have concerning me, and I hereby release them and the City of Mountlake Terrace from all liability or any damage whatsoever arising therefrom.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The City of Mountlake Terrace assures that no person shall on the grounds of race, color, sex, age, disability or national origin, as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987 (P.L. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. The City further assures every effort will be made to ensure nondiscrimination in all of its programs activities, whether those programs and activities are federally funded or not.



**CITY OF MOUNTLAKE TERRACE**

**Applicant Referral Source and Affirmative Action Information**

Position \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

For the Purpose of Ensuring Equal Opportunity, the City of Mountlake Terrace Would Appreciate the Following Information. This is Entirely Voluntary and will be Kept Confidential. It will *not* be Considered Part of your Application or Affect your Consideration. The Information will not Become a Part of your Personnel File.

Please Check Groups with Which you Identify.

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

40 Years of Age or Over: \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnicity: \_\_\_\_\_ Black  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Native American/Alaskan Native  
\_\_\_\_\_ White or Not Covered Above

Presence of Work Restricting Disability: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Describe \_\_\_\_\_

How Did you Learn of Position Opening? \_\_\_\_\_ AWC  
\_\_\_\_\_ City Job Board  
\_\_\_\_\_ Everett Herald  
\_\_\_\_\_ Friend/Relative  
\_\_\_\_\_ Jobs Available  
\_\_\_\_\_ Public Sector Internet  
\_\_\_\_\_ School  
\_\_\_\_\_ Seattle Times  
\_\_\_\_\_ Seattle Times Internet  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I Choose not to Provide the Information Requested.