

CITY OF BAINBRIDGE ISLAND

EMPLOYMENT APPLICATION

280 Madison Avenue North, Bainbridge Island, WA 98110
(206) 780-3705

EQUAL OPPORTUNITY

The City of Bainbridge Island is an equal opportunity employer. We hire, train and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, honorably discharged veteran or military status, age, sexual orientation, genetic information or disability. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement.

INSTRUCTIONS: PLEASE READ INSTRUCTIONS FULLY BEFORE COMPLETING APPLICATION. FAILURE TO FOLLOW INSTRUCTIONS MAY RESULT IN REJECTION OF APPLICATION. Use Microsoft Word 2003 (or newer) to fill in gray form fields. Use tab key to move between fields and mouse to select check boxes. For electronic signature (end of form), type in full name; if mailing or faxing form, print out and sign. Application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Do not mark "See Resume" in any sections. Resumes may be submitted in addition, but not in place of a completed application. If you need additional space to answer a question, use full sheets of 8.5"x11" paper. On each additional page, include your name and position title. You may also attach copies of documents or certificates which support your application. **Do not submit a photograph of yourself on any materials.** All materials submitted become the property of the City of Bainbridge Island and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may cause for rejection of the application and/or termination of employment.

PERSONAL INFORMATION	LAST NAME:	FIRST:	M.I.:	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:		
	ADDRESS (NO., STREET, APT.):		CITY:	COUNTY:	STATE: ZIP:	
	TELEPHONE NUMBER: () -	ALTERNATE NO. WHERE YOU MAY BE CONTACTED: () -		EMAIL ADDRESS:		
	ARE YOU 18 YEARS OF AGE OR OLDER?: (21 YRS OF AGE FOR POLICE APPLICANTS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DO YOU POSSESS A CURRENT VALID DRIVER'S LICENSE?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF WINSLOW OR THE CITY OF BAINBRIDGE ISLAND?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NUMBER:	STATE:	
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF WINSLOW OR THE CITY OF BAINBRIDGE ISLAND?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXPIRATION DATE:	CLASSIFICATION:	
	IF YES, PLEASE PROVIDE: JOB TITLE/DEPARTMENT:			DO YOU AUTHORIZE THE CITY OF BAINBRIDGE ISLAND TO INVESTIGATE YOUR DRIVING RECORD?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	DATES EMPLOYED: FROM	TO				
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF BAINBRIDGE ISLAND:						
NAME:			JOB TITLE/DEPARTMENT:			

**EMPLOYMENT
DESIRED**

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING:

HOW DID YOU LEARN ABOUT THE POSITION FOR WHICH YOU ARE APPLYING?:

(SPECIFIC NAME OF NEWSPAPER OR WEBSITE, IF APPLICABLE)

DO YOU WISH TO WORK: FULL TIME PART TIME TEMPORARY SUMMER

(SPECIFY DAYS & HRS. PER WEEK):

WHAT IS YOUR MINIMUM SALARY REQUIREMENT?: \$ PER

DATE AVAILABLE FOR WORK:

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?: YES NO

SPECIFY COMMITMENT(S):

EDUCATION INFORMATION

HIGH SCHOOL/PRE-COLLEGE INFORMATION

CHECK HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL DIPLOMA: YES NO IF YES, DATE RECEIVED:

EQUIVALENCY – GED: YES NO IF YES, DATE RECEIVED:

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED:

NAME:

CITY:

STATE:

COLLEGES AND UNIVERSITIES ATTENDED

Name and Location	Dates Attended				GPA	Major/Minor Degree Field or Program of Study	Degree Received
	From		To				
	Mo.	Yr.	Mo.	Yr.			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES, SCHOOLS, ETC) BELOW

Name and Location	Dates Attended				Total Months Completed	Major/Minor Degree Field or Program of Study	Certificates Received. Other Pertinent Information
	From		To				
	Mo.	Yr.	Mo.	Yr.			

EMPLOYMENT RECORD

LIST ALL JOBS HELD IN THE LAST TEN (10) YEARS, STARTING WITH YOUR PRESENT OR MOST RECENT POSITION.

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?: YES NO

(JOB 1) PRESENT OR MOST RECENT JOB

FROM		TO		TOTAL TIME	
MO.	YR.	MO.	YR.	YRS.	MOS

HOURS PER WEEK:
 STARTING SALARY: \$ PER
 LAST SALARY: \$ PER

EMPLOYER:
 ADDRESS:
 TELEPHONE NUMBER: () -
 YOUR JOB TITLE:
 SUPERVISOR'S NAME & TITLE:
 REASON FOR LEAVING POSITION:

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(JOB 2) PREVIOUS JOB

FROM		TO		TOTAL TIME	
MO.	YR.	MO.	YR.	YRS.	MOS

HOURS PER WEEK:
 STARTING SALARY: \$ PER
 LAST SALARY: \$ PER

EMPLOYER:
 ADDRESS:
 TELEPHONE NUMBER: () -
 YOUR JOB TITLE:
 SUPERVISOR'S NAME & TITLE:
 REASON FOR LEAVING POSITION:

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(JOB 3) PREVIOUS JOB

FROM		TO		TOTAL TIME	
MO.	YR.	MO.	YR.	YRS.	MOS

HOURS PER WEEK:
 STARTING SALARY: \$ PER
 LAST SALARY: \$ PER

EMPLOYER:
 ADDRESS:
 TELEPHONE NUMBER: () -
 YOUR JOB TITLE:
 SUPERVISOR'S NAME & TITLE:
 REASON FOR LEAVING POSITION:

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

EMPLOYMENT RECORD

(JOB 4) PREVIOUS JOB

FROM		TO		TOTAL TIME	
MO.	YR.	MO.	YR.	YRS.	MOS

HOURS PER WEEK:
 STARTING SALARY: \$ PER
 LAST SALARY: \$ PER

EMPLOYER:
 ADDRESS:
 TELEPHONE NUMBER: () -
 YOUR JOB TITLE:
 SUPERVISOR'S NAME & TITLE:
 REASON FOR LEAVING POSITION:

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(JOB 5) PREVIOUS JOB

FROM		TO		TOTAL TIME	
MO.	YR.	MO.	YR.	YRS.	MOS

HOURS PER WEEK:
 STARTING SALARY: \$ PER
 LAST SALARY: \$ PER

EMPLOYER:
 ADDRESS:
 TELEPHONE NUMBER: () -
 YOUR JOB TITLE:
 SUPERVISOR'S NAME & TITLE:
 REASON FOR LEAVING POSITION:

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

SPECIAL SKILLS

LIST BUSINESS MACHINES YOU CAN OPERATE:

WHAT COMPUTER EXPERIENCE DO YOU HAVE?:

A. LEVEL OF SKILL:

B. YEARS OF OPERATING EXPERIENCE:

C. WHAT SOFTWARE ARE YOU PROFICIENT WITH?:

D. DESCRIBE YOUR COMPUTER OPERATION ABILITIES:

TYPING SPEED: WORDS PER MINUTE

OTHER SKILLS:

MILITARY SERVICE	DATES OF U.S. MILITARY SERVICE: FROM: TO:				BRANCH OF SERVICE:	RANK AT SEPARATION:
	MO.	YR.	MO.	YR.	PURSUANT TO RCW 73.16.010 YOU MAY BE ENTITLED TO A HIRING PREFERENCE IF YOU ARE (1) AN HONORABLY DISCHARGED VETERAN OF ANY WAR OR MILITARY CAMPAIGN OF THE U.S. (2) THE WIDOW OR WIDOWER OF SUCH VETERAN: OR (3) THE SPOUSE OF AN HONORABLY DISCHARGED VETERAN WITH A SERVICE-CONNECTED PERMANENT AND TOTAL DISABILITY. IF YOU CLAIM SUCH A PREFERENCE, YOU MUST ATTACH, AS APPLICABLE, A COPY OF YOUR OR YOUR DECEASED SPOUSE'S DD-214 FORM. VERIFICATION THAT YOUR SPOUSE IS DECEASED AND/OR YOUR SPOUSE'S V.A. DISABILITY LETTER AND CLAIM NUMBER	VETERAN'S SCORING CRITERIA PERCENTAGE CLAIMED (CHECK 1): <input type="checkbox"/> 5% <input type="checkbox"/> 10% As defined by RCW 41.04.007 (This applies only to Civil Service positions for which an examination is required)
	LIST ANY SPECIALIZED TRAINING RECEIVED IN THE MILITARY:					
OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:						

MISCELLANEOUS INFORMATION	CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED?*		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	(WITH OR WITHOUT ACCOMMODATION)			
	HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST TEN YEARS, OR HAVE BEEN CONVICTED OF A MISDEMEANOR OTHER THAN MINOR TRAFFIC OFFENSES WITHIN THE PAST THREE (3) YEARS? A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB FOR WHICH YOU HAVE APPLIED.:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	ARE YOU A U.S. CITIZEN, OR DO YOU HAVE A VISA PERMITTING YOU TO WORK IN THE U.S.? (DOCUMENTATION OF AUTHORIZATION TO WORK IN THE U.S. WILL BE REQUIRED IF AN OFFER OF EMPLOYMENT IS MADE AND ACCEPTED.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST NAME, ADDRESS AND PHONE NUMBERS OF THREE (3) PROFESSIONAL REFERENCES WHO ARE NOT YOUR RELATIVES NOR EMPLOYEES OF THE CITY OF BAINBRIDGE ISLAND.:				
INDICATE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT, SUCH AS ADDITIONAL WORK EXPERIENCE, LICENSES OR CERTIFICATES HELD, ARTICLES/BOOKS PUBLISHED, ACTIVITIES, ACCOMPLISHMENTS, ETC. (EXCLUDE ALL INFORMATION INDICATIVE OF AGE, GENDER, RACE, RELIGION, COLOR, NATIONAL ORIGIN, MARITAL STATUS, GENETIC INFORMATION OR DISABILITY.):				

IMPORTANT: Read each section below carefully and completely. If you do not understand any portion of the statements below, ask for clarification. Your signature indicates that you have read and understand each of the provisions listed and that you agree to abide by the conditions stated therein.

NOTICE TO PERSONS WITH DISABILITIES: Testing arrangements to accommodate persons with disabilities will be made upon request of the

applicant. If accommodation is requested, the applicant will be required to state what accommodation is needed.

HOW TO APPLY: Applications for employment should be submitted using this official application form to the City of Bainbridge Island at the address shown on page one. Submit one application for each position. It is your responsibility to keep your application up to date. An application may be rejected if it is received unsigned, incomplete, or after the closing date specified on the job announcement.

EXAMINATION PROCEDURE: You will be notified within four weeks of the closing date of the job announcement regarding any testing procedures which may be involved in the hiring process. Any part of the announced examination may be eliminated if there are an insufficient number of applicants to justify giving the complete examination.

PRE-EMPLOYMENT MEDICAL EXAMINATION: Applicants selected for employment may be required to pass a medical examination given by a physician designated by the City of Bainbridge Island.

PROBATIONARY PERIOD: Employees serve a probationary period as determined by City policy or by any applicable collective bargaining agreement. Termination of employment during the probationary period may be with or without cause and is not subject to any appeal process nor the grievance procedure of any applicable collective bargaining agreement.

DRUG POLICY: It is the policy of the City of Bainbridge Island to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) may be terminated and may have criminal actions filed against them.

AGREEMENT: I have read the job vacancy announcement and can perform the essential functions of the position for which I am applying, with or without reasonable accommodation.

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give the City of Bainbridge Island any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I authorize the City of Bainbridge Island to request and receive such information.

I agree to comply with the City of Bainbridge Island rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn, or supplemented any time, and without prior notice to me.

I understand that this application and any other documents which I may receive are not contracts of employment.

RELEASE: I hereby release and hold harmless any person, corporation, company or other entity from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of that person, corporation, company or other entity complying with my request to fully and completely comply with the investigation, inquiry or interests of the City of Bainbridge Island, to whom I have made an application of employment and is the bearer of this authorization.

SIGNATURE: _____

DATE: _____