

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 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 to fill in gray Form Field. Use the Tab key to move between Fields and Mouse to select Check Boxes. For on line signature (end of form) type in full name; if mailing or faxing form, print out and sign. The 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 fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. 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 be 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: <input type="checkbox"/> YES <input type="checkbox"/> NO (21 YRS OF AGE FOR POLICE APPLICANTS)			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:	
	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF BAINBRIDGE ISLAND?			CLASSIFICATION:	
	JOB TITLE/DEPARTMENT: DATES EMPLOYED: FROM TO			DO YOU AUTHORIZE THE CITY OF BAINBRIDGE ISLAND TO INVESTIGATE YOUR DRIVING RECORD?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF BAINBRIDGE ISLAND: NAME: JOB TITLE/DEPARTMENT:					

EMPLOYMENT RECORD

LIST ALL JOBS HELD IN THE LAST TEN YEARS. START WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK.

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

(JOB 1) PRESENT OR MOST RECENT JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS	TELEPHONE NUMBER: () -
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME & TITLE:
STARTING SALARY: \$				PER		REASON FOR LEAVING POSITION:
LAST SALARY: \$				PER		

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(JOB 2) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS	TELEPHONE NUMBER: () -
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME & TITLE:
STARTING SALARY: \$				PER		REASON FOR LEAVING POSITION:
LAST SALARY: \$				PER		

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(JOB 3) PREVIOUS JOB						EMPLOYER:
FROM		TO		TOTAL TIME		ADDRESS:
MO.	YR.	MO.	YR.	YRS.	MOS	TELEPHONE NUMBER: () -
						YOUR JOB TITLE:
HOURS PER WEEK:						SUPERVISOR'S NAME & TITLE:
STARTING SALARY: \$				PER		REASON FOR LEAVING POSITION:
LAST SALARY: \$				PER		

SPECIFIC DUTIES:

NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE):

(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):

EMPLOYMENT RECORD

SPECIAL SKILLS

TYPING SPEED: WORDS PER MINUTE

CAN YOU TRANSCRIBE MACHINE DICTATION?:

YES NO N/A

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:

OTHER SKILLS:

HOW TO APPLY: applications for employment should be submitted on official application forms to the City of Bainbridge Island at the address shown on page 1 of this application form. Submit one application for each position. It is your responsibility to keep your application up to date. An application may be rejected which 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 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: