POSITION YOU ARE APPLYING FOR

_____

(enter position name):

SUBMIT A SEPARATE APPLICATION FOR EACH POSITION

APPLICATION FOR EMPLOYMENT

15 N. 3rd Ave., Walla Walla, WA 99362 • (509) 527-4475

Website: www.wallawallawa.gov Email: HR@WALLAWALLAWA.GOV FAX: (509) 524-7935

PLEASE CHECK VACANCY ANNOUNCEMENT IF A RESUME OR SUPPLEMENTAL QUESTIONNAIRE IS REQUIRED TO BE ATTACHED TO YOUR APPLICATION. **NOTE: AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. PLEASE BE CERTAIN TO SIGN YOUR APPLICATION**

The City of Walla Walla is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

NAME:_____

LAST/FIRST/MIDDLE INITIAL

ADDRESS:_____

STREET/CITY/STATE/ZIP CODE

Are you over the age of 18? ☐YES ☐NO If not, give date of birth:_____

HOME TELEPHONE:_____**MESSAGE #:**_____**WORK #:**_____**EMAIL ADDRESS:**_____

U.S CITIZEN OR DO YOU HAVE A VISA PERMITTING YOU TO WORK IN THE U.S.? YES ☐ NO ☐ INS DOCUMENT #: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES ☐ NO ☐ CDL ENDORSEMENT? YES ☐ NO ☐ CLASS _____

DO YOU WISH TO CLAIM VETERAN'S PREFERENCE? (POLICE OFFICER & FIREFIGHTER POSITIONS ONLY) YES ☐ NO ☐

EDUCATION:

TYPE OF SCHOOL	SCHOOL AND LOCATION	DATES OF ENROLLMENT	MAJOR COURSE	DEGREE/DATE
HIGH SCHOOL OR G.E.D.		DO NOT COMPLETE THIS BOX		DO NOT COMPLETE THIS BOX
BUSINESS OR TECH				
UNDERGRAD STUDIES				
GRADUATE STUDIES				
COURSESAND TRAINING				

SPECIAL SKILLS OR PROFESSIONAL LICENSES: _____

PROVIDE THE NUMBER OF YEARS OF EXPERIENCE, TRAINING AND/OR SPEED IN EACH OF THE FOLLOWING:

COMPUTER HARDWARE/SOFTWARE (INDICATE WHAT TYPE AND LENGTH OF TIME)	**WORD PROCESSING EQUIPMENT** (INDICATE WHAT TYPE AND LENGTH OF TIME)

10 KEY: **DATA ENTRY**: **KEYBOARDING SPEED**:

PROFESSIONAL REFERENCES: *(Please do not list relatives or personal references)*

Name	*Address*	*Phone*

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize my previous employers to furnish the City of Walla Walla my performance record, reason for leaving and all information they may have concerning me. I hereby release my previous employers and the City of Walla Walla from any and all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application.

Signature (Required): _____ DATE: _____

WORK HISTORY: BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK/EXPERIENCE HISTORY INCLUDING ANY GAPS OF EMPLOYMENT. **PLEASE COMPLETE THE FOLLOWING SECTIONS FULLY EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. ALL APPLICATIONS MUST BE SIGNED**

POSITION TITLE: _____ LAST SALARY: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T ☐ or P/T ☐ STARTING SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____
_____

POSITION TITLE: _____ LAST SALARY: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T ☐ or P/T ☐ STARTING SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____
_____

POSITION TITLE: _____ LAST SALARY: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T ☐ or P/T ☐ STARTING SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____
_____

POSITION TITLE: _____ LAST SALARY: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T ☐ or P/T ☐ STARTING SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____
_____

POSITION TITLE: _____ LAST SALARY: _____
EMPLOYER'S NAME: _____ FROM (MO/DAY/YR): _____ TO (MO/DAY/YR): _____
STREET ADDRESS: _____ CITY/ST: _____ SUPERVISOR: _____
PHONE: _____ HOURS WORKED PER WEEK: _____ F/T ☐ or P/T ☐ STARTING SALARY: _____
NUMBER OF EMPLOYEES SUPERVISED BY YOU: _____ MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO
REASON FOR LEAVING/ DESIRE TO LEAVE: _____
PRIMARY DUTIES: _____
_____

Additional pages may be added following the above format for additional job history if necessary

The City of Walla Walla is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's conviction record as it relates to job performance. 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.

Have you been convicted of a felony or released from prison within the last ten (10) years or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES ☐ NO ☐

If yes, please explain: _____

APPLICANT NAME: _____ **POSITION APPLIED FOR**:_____

ARE YOU A CURRENT OR FORMER CITY OF WALLA WALLA EMPLOYEE? **YES** ☐ **NO** ☐

POSITION & DEPT_____**DATES:** _____

HAVING A RELATIVE EMPLOYED BY THE CITY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.
NAME OF ANY RELATIVES EMPLOYED BY THE CITY:_____ **RELATIONSHIP:** _____ **DEPT:** _____

EQUAL OPORTUNITY EMPLOYMENT

We would appreciate completion of the equal employment information below. This is entirely voluntary. This information will be kept confidential and will be retained separately from your application.

Please check groups with which you identify (please specify): MALE ☐ FEMALE ☐

☐ CAUCASIAN ☐ AFRICAN AMERICAN ☐ ASIAN ☐ NATIVE AMERICAN ☐ HISPANIC ☐ OTHER

HOW DID YOU LEARN OF POSITION OPENING? Please identify the sources:

Referral Agency (Name): _____

Newspaper (Name): _____

Magazine/Professional Journal (Name): _____

Job Posting (Where Seen): _____

Internet Source (Pleas identify): _____

Friend or associate (check): ☐