



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				
UNDERGRADUATE STUDIES				
GRADUATE STUDIES				
OTHER COURSES AND 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:
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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:

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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:
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EMPLOYER'S NAME: FROM (MO/DAY/YR): TO (MO/DAY/YR):
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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

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 OPPORTUNITY 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 (Please identify):

Friend or associate (check):
