position you are applying for:

 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**](http://www.wallawallawa.gov) **Email: hr@wallawallawa.goV**

***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 |  |  |  |  |
| UndergraduateStudies |  |  |  |  |
| Graduate Studies |  |  |  |  |
| Other 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** **WORD PROCESSING EQUIPMENT**

(INDICATE WHAT TYPE AND LENGTH OF TIME) (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: FROM (MO/DAY/YR):TO (MO/DAY/YR):

EMPLOYER’S NAME:STREET ADDRESS:  CITY/ST:

SUPERVISOR: PHONE: HOURS WORKED PER WEEK: F/T **[ ]**  or P/T **[ ]**

NUMBER OF EMPLOYEES SUPERVISED BY YOU: MAY WE CONTACT THIS EMPLOYER? YES **[ ]**  NO**[ ]**

REASON FOR LEAVING/ DESIRE TO LEAVE:

PRIMARY DUTIES:

POSITION TITLE: FROM (MO/DAY/YR):TO (MO/DAY/YR):

EMPLOYER’S NAME:STREET ADDRESS:  CITY/ST:

SUPERVISOR: PHONE: HOURS WORKED PER WEEK: F/T **[ ]**  or P/T **[ ]**

NUMBER OF EMPLOYEES SUPERVISED BY YOU: MAY WE CONTACT THIS EMPLOYER? YES **[ ]**  NO **[ ]**

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NUMBER OF EMPLOYEES SUPERVISED BY YOU: MAY WE CONTACT THIS EMPLOYER? YES **[ ]**  NO **[ ]**

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POSITION TITLE: FROM (MO/DAY/YR):TO (MO/DAY/YR):

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NUMBER OF EMPLOYEES SUPERVISED BY YOU: MAY WE CONTACT THIS EMPLOYER? YES **[ ]**  NO **[ ]**

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POSITION TITLE: FROM (MO/DAY/YR):TO (MO/DAY/YR):

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SUPERVISOR: PHONE: HOURS WORKED PER WEEK: F/T **[ ]**  or P/T **[ ]**

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): **[ ]**