

City of Leavenworth
700 US Hwy 2 / P.O. Box 287
Leavenworth, WA 98826
(509) 548-5275 – Phone
(509) 548-6429 – Fax
www.cityofleavenworth.com



Application for Employment

Notice: The City of Leavenworth is an Equal Opportunity Employer. Please notify our front office staff if you need any accommodation or assistance with any part of our application process.

Specific Position Applied for:		Today's Date:	
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APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY, AND TO READ AND SIGN ON THE LAST PAGE.

Name:		Home Phone:	
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Address:		City:		State:		Zip:	
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Daytime or Message Phone:	
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Why are you interested in this particular job?

What skills and training qualify you for this position?

What portions of your work experience qualify you for this job?

EDUCATION

	Name of School	Location	Diploma or Degree	Major	Highest Grade Completed
High School					
College / University					
Grad School					
Vocational / Training					

ADDITIONAL INFORMATION

Professional Memberships and Affiliations:

Professional and Trade Licenses:

Talents, Skills, or Hobbies:

Have you ever been employed by the City of Leavenworth before? When? In what Capacity?	
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Do you claim Veteran's preference?	Yes		No	
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Can you perform the essential functions of the position with or without accommodations? <i>(please review applicable job description)</i>	Yes		No	
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EMPLOYMENT HISTORY:

This section must be completed entirely. Do not substitute a resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position that you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical, or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages may be added.

PRESENT OR LAST POSITION

Employer	From (month / year)	Beginning Salary	Final Salary
Address	To (month / year)	Full Time (yes/no)	Part Time (yes/no)
City	Supervisor's Name	Phone Number	
Your Title	May we contact this employer?		

Duties / Responsibilities (be specific):
Reason for leaving or considering a change:

Employer	From (month / year)	Beginning Salary	Final Salary
Address	To (month / year)	Full Time (yes/no)	Part Time (yes/no)
City	Supervisor's Name	Phone Number	
Your Title	May we contact this employer?		

Duties / Responsibilities (be specific):
Reason for leaving or considering a change:

Employer	From (month / year)	Beginning Salary	Final Salary
Address	To (month / year)	Full Time (yes/no)	Part Time (yes/no)
City	Supervisor's Name	Phone Number	
Your Title	May we contact this employer?		

Duties / Responsibilities (be specific):
Reason for leaving or considering a change:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION:

The City of Leavenworth is an equal opportunity employer and does not discriminate on the basis of gender, age, race and color, religion, genetics, marital status, national origin, disability, or veteran status. (____initial here)

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (____initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with the City of Leavenworth. (____initial here)

I consent to drug testing as may be requested by the City of Leavenworth's representatives. (____initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to the City of Leavenworth will result in immediate termination of my employment. (____initial here)

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the City of Leavenworth any and all information regarding me and my previous employment. I release the City of Leavenworth, and all previous employers and supervisors from liability for any damages that may result from furnishing information to the City of Leavenworth. (____initial here)

In consideration of my employment, I agree to conform to the instructions, rules, and policies of the City of Leavenworth. (____initial here)

Signed

Dated