



# City of Leavenworth

700 US Hwy 2 | PO Box 287  
Leavenworth, WA 98826  
(509) 548-5275  
[cityofleavenworth.com](http://cityofleavenworth.com)

## Application for Employment

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

Specific Position(s) Applied for:	Date:
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*If applying for multiple positions, include the title of each position you would like to be considered for.*

**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:	Phone:
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Address:	City:	State:	Zip:
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Email:
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Why are you interested in this particular job?
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What skills and training qualify you for this position?
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What portions of your work experience qualify you for this job?
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## EDUCATION

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

## ADDITIONAL INFORMATION

Professional Certifications or Licenses:

Talents, Skills, or Hobbies:

Are you related to a current City of Leavenworth employee? If yes, please provide their full name.

Have you ever been employed by the City of Leavenworth before? If <b>yes</b> , when and in what capacity?

Do you claim Veteran's preference?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you applying for a lifeguard, swim instructor, or asst. pool manager position?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**If YES, please complete the following questions:**

Are you currently Red Cross Lifeguard Certified?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>yes</b> , when does your certification expire?	Date			

Are you willing to teach swim lessons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have a current First Aid/CPR Certification?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If <b>yes</b> , when does your certification expire?	Date			

**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) \_\_\_\_\_ To (month / year) \_\_\_\_\_

Address \_\_\_\_\_ Full Time  Part Time

City \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_

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

Employer \_\_\_\_\_ From (month / year) \_\_\_\_\_ To (month / year) \_\_\_\_\_

Address \_\_\_\_\_ Full Time  Part Time

City \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Title \_\_\_\_\_

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

Employer

From (month / year) To (month / year)

Address

Full Time

Part Time

City

Supervisor's Name

Phone Number

Your Title

Duties / Responsibilities (be specific):

Reason for leaving or considering a change:

Employer

From (month / year) To (month / year)

Address

Full Time

Part Time

City

Supervisor's Name

Phone Number

Your Title

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 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)

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Signed

Dated