



# CITY OF DuPONT

1700 Civic Drive  
DuPont, WA 98327  
PHONE (253) 964-8121 • FAX (253) 964-3554

## EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING BLACK INK ONLY. SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY OR EXPERIENCE CREDIT.

### GENERAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING:

Last Name		First Name		Middle Initial
Street Address		City	State	Zip
Home Phone ( )	Work Phone ( )	Message Phone ( )		Email address

Are you now or have you ever been employed by the City of DuPont? Yes ( ) No ( ) If yes, give Job Title \_\_\_\_\_ Department \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Do you have any relatives working for the City of DuPont? Yes ( ) No ( ) Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

Department \_\_\_\_\_

Washington State labor laws restrict some employment of persons under 18 years old. Are you at least 18 years old? Yes ( ) No ( ) If no, what is your birthdate. \_\_\_/\_\_\_/\_\_\_

Can you perform the essential functions of this job with or without an accommodation? Yes ( ) No ( ) If an accommodation would be necessary, please explain what accommodation on a separate sheet of paper.

Have you been convicted of a crime or released from prison within the last 10 years? Yes ( ) No ( ) If yes, explain below. (A conviction record will not necessarily bar you from employment)

Date	Charge	Sentence	Remarks

### THE POLICE AND FIRE DEPARTMENTS VETERANS ONLY PREFERENCE

The police and fire departments give veterans preference in accordance with state law to veterans honorably released from active military service within the last 8 years. Do you claim veterans preference? Yes ( ) No ( ) If yes, complete the following items. (Proof of veteran status may be required if hired).

Are you retired from military service: Yes ( ) No ( ) Have you ever obtained employment through the use of veterans preference? Yes ( ) No ( )

All dates of active duty: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Have you received the Armed Forces Expeditionary Medal, the Marine Corps and Navy Medal for Opposed Action on Foreign Soil or Southwest Asia Service Medal? Yes ( ) No ( )

### EDUCATION

Did you graduate from high school or receive a GED certificate? Yes ( ) No ( )

Name of College, University, Vocational School	Major	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours
		From	To		Title	Date	

Indicate any other trades, skills, licenses, or certifications you possess related to the position. Indicate licensing state and expiration date, as applicable.

CITY OF DuPont IS AN EQUAL OPPORTUNITY EMPLOYER

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**EMPLOYMENT HISTORY**

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LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST 10 YEARS, INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK AND PERIODS OF UNEMPLOYMENT. **ATTACH ADDITIONAL SHEETS IF NECESSARY.** BE AS COMPLETE AS POSSIBLE IN OUTLINING THE DUTIES OF EACH POSITION. FAILURE TO DO SO MAY AFFECT THE CREDIT YOU RECEIVE FOR EXPERIENCE.

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MOST RECENT EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific Duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving or considering change _____		

OTHER EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving or considering change _____		

OTHER EXPERIENCE	Total Years	Months
Employer _____	_____	_____
Address _____	From	To
Position _____ No. of Employees Supervised _____	____/____	____/____
Supervisor _____ Phone (____) _____		
Specific Duties _____	Hours worked each week _____	
_____	Starting Salary _____	
_____	_____	
_____	Last Salary _____	
Reason for leaving _____		

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**AGREEMENT, CERTIFICATION AND AUTHORIZATION**

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I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I authorize my current or former employers and all schools or education and technical institutions which I have attended to provide City of DuPont representatives any information regarding my current or former employment, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts.

I am willing to submit to a pre-employment physical examination, if required.

I understand that, as a condition of employment, I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICANT'S STATEMENT**

I understand that the City of DuPont follows an employment at will policy, which means either the City of DuPont or I may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this employment at will policy cannot be changed verbally or in writing, unless that change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all information given on this application, my resume or during any interviews. I authorize all individuals, schools, and firms named therein, noted on the attached release to provide any information requested about me, and I release them from all liability for damage in providing this information. Along with this application, I have signed a separate release and waiver to permit the City of DuPont to obtain copies of my prior employment records, and to contact my prior supervisors as part of this application process.

I certify that all the statements herein are true and understand that any falsifications or willful omission shall be sufficient cause for dismissal or refusal of employment, even if falsification or willful omission is discovered after any probationary or initial period of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date