



CITY OF SUMNER

EMPLOYMENT APPLICATION

1104 Maple Street • Sumner, WA 98390 • (253) 863-8300

The City of Sumner will not process unsolicited applications for employment nor will it retain applications for future consideration. Please fill out completely, carefully and on time as we will not process incomplete, outdated, undated or unsigned applications. A separate application must be filled out per position. **DO NOT** submit a photograph of yourself.

The City of Sumner is an Equal Opportunity Employer

POSITION APPLYING FOR _____

PERSONAL INFORMATION			
Last Name		First	M.I.
Mailing Address			
City		State	Zip
Telephone	Alternate Number	Email (optional)	

GENERAL INFORMATION		
Are you currently employed by the City of Sumner? If "yes", in what capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been previously employed by the City of Sumner? If yes, provide dates of employment: From: _____ To: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives who work for the City of Sumner? if "yes", provide the name(s) and relationship:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have the legal right to work in the United States? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to undergo a pre-employment drug screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONVICTION INFORMATION			
Within the last 10 years, have you been convicted of or plead guilty to a criminal offense? If yes, please explain below: (Conviction record may be subject to verification)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Charge	Sentence	Remarks

Within the last five years, have you been convicted a moving traffic violation? If yes, please explain below:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Location (City, State)	Nature of Offense	Disposition

DUI, reduction of DUI, reckless and careless driving convictions **MUST** be included. A criminal conviction or traffic infractions does not necessarily preclude employment. Each case is considered on its individual merits.

Omission of requested information is basis for rejecting an application.

LICENSING

Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Commercial, provide type and any endorsements:
Type of license:	
Issuing state:	
Expiration date:	

List any other valid, applicable licenses and / or certifications you hold:

Type of License or Certificate	Issuing State	Registration Number	Expiration Date

High School name / City, State:	Diploma Received?
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GED Certification / City State:

College or University Name and Location	From (Mo / Yr)	To (Mo / Yr)	Field of Study or Major	Credit Hours Completed	Degree Earned

Vocation or Trade School Name and Location	From (Mo / Yr)	To (Mo / Yr)	Field of Study or Major	Credit Hours Completed	Certification Earned

EXPERIENCE

Personal Computer:	Years of Experience	Type of Equipment / Software
Word Processing		
Spreadsheet		
Database		
Desktop Publishing		
CAD		
Other		

Maintenance Positions Only:

Backhoe		
Truck		
Compressor		
Rotary Mower		
Edger, Blower		
Other		

VETERAN'S SCORING CRITERIA

Per RCW 41.04.010 certain Veterans are eligible for Veteran's Scoring Criteria.

Do you meet the criteria and claim Veteran's Scoring Criteria as defined in RCW 41.04.005? (You must attach a DD-214 as proof of eligibility)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever obtained employment utilizing Veteran's preference / scoring criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving any retirement benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the selection process does not include a competitive examination process, Veteran's Scoring Criteria will not be recorded.

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years; be sure to include all paid, military, periods of unemployment and applicable volunteer experience. The following sections **MUST** be completed even if a resume is submitted. Attach additional sheets of paper if you require more space.

From	To	Job Title	Last Salary
Name of Company / Organization		City	State
Hours per Week	Number of Employees Supervised	Phone No.	
Supervisor Name		Supervisor Title	
Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From	To	Job Title	Last Salary
Name of Company / Organization		City	State
Hours per Week	Number of Employees Supervised	Phone No.	
Supervisor Name		Supervisor Title	
Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From	To	Job Title	Last Salary
Name of Company / Organization		City	State
Hours per Week	Number of Employees Supervised	Phone No.	
Supervisor Name		Supervisor Title	
Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

From	To	Job Title	Last Salary
Name of Company / Organization		City, State	
Hours per Week	Number of Employees Supervised	Phone No.	
Supervisor Name		Supervisor Title	
Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you been known by a different name by any of these employers or any educational institutions attended?

Yes No If yes, please identify the employer and state the name:

EQUAL OPPORTUNITY

The City of Sumner is an equal opportunity employer, and employment opportunities will NOT be limited because of race, color, religion, sex, national origin, marital status, sexual orientation, genetic information, veterans status or any other basis prohibited by federal, state or local law. The City of Sumner affirmatively seeks to employ and advance qualified veterans and disabled veterans. Hiring, promotions, lay-offs, discharge, rates of pay, training and other employment activities will be consistent with this Equal Opportunity Statement. The City of Sumner abides by the principles of the Age Discrimination Employment Act (ADEA) and Americans with Disability Act (ADA) and does not unlawfully discriminate on the basis of age or disability.

DRUG POLICY

It is the policy of the City of Sumner to maintain a drug free workplace. Employees who are observed in possession of or using controlled substances (drugs) will be terminated and may have criminal actions filed against them. If you are affected by or become an abuser of drugs or alcohol, you may ask for help from your supervisor. Employees may be required to undergo drug or alcohol screening tests while employed with the City of Sumner.

AGREEMENT

Please Read the Following Statements Carefully

I hereby affirm that the information provided on this application (or other materials provided by me, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that nothing in this employment application, in the City's policy statements or personnel guidelines, or in my communications with any City official is intended to create an employment contract between the City and me. I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City of Sumner or myself. I understand that no management official other than the Mayor or their designee has any authority to enter into any agreement contrary to the foregoing to make any oral assurance or promised continued employment.

I authorize the City to investigate all statements in this application and to secure any necessary information from all of my employers, references and academic institutions. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and other material provided by me, if any) to provide any relevant information that may be required to arrive at an employment decision regarding my suitability for employment with the City.

I understand that if I receive a conditional offer of employment for a position where I will have unsupervised access to children, developmentally disable persons, or vulnerable adults, the City of Sumner is required to complete a thorough back ground check as allowed by the Child/Adult Abuse Information Act. (RCW 43.43.830-845)

RELEASE

I hereby release and hold harmless any person, corporation, company or other entity from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of that person, corporation, company or other entity complying with my request to fully and completely comply with the investigation, inquiry or interests of the City of Sumner, to whom I have made an application of employment and is the bearer of this authorization.

Dated this _____ day of _____, 20_____

Signature _____

AFFIRMATIVE ACTION QUESTIONNAIRE

Discrimination in employment is prohibited under Title VII of the Civil Rights Act of 1974 and Section 504 of the Rehabilitation Act of 1973. We would appreciate your assistance in gathering the information below. Completing this questionnaire is entirely *voluntary*. This section will be kept separate from the application and the information you provide will remain confidential.

Please check (X) the group with which you identify:

Male

Female

POSITION APPLYING FOR: _____

ASIAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO

NATIVE AMERICAN/ALASKAN NATIVE

WHITE (not of Hispanic origin)

INDIVIDUAL WITH A DISABILITY

All persons who have a physical or mental impairment which substantially limits one or more major life activity, have a record of such an impairment, or are regarded as having such an impairment. Reasonable accommodation will be provided to applicants with disabilities as defined by the American with Disabilities Act.

TWO OR MORE RACES

OTHER