

**CITY OF FIRCREST**  
 115 Ramsdell Street, Fircrest, WA 98466-6999  
 253-564-8901 Fax: 253-566-0762

**Application For Employment**

*The City of Fircrest is an equal opportunity employer and encourages applications from all persons.*

**INSTRUCTIONS:**

- **Type or print in ink.**
- **Read Job Announcement and make sure you have complied with all requirements.**
- **Attach completed Skills Inventory Sheet, if required by Job Announcement.**

**NOTICES**

The City of Fircrest is committed to an Affirmative Action Program which provides for the recruitment of women, disabled persons, and members of ethnic minority groups in area of work where they may be under-represented.

The City of Fircrest is a drug free and smoke free work place.

If you are employed by the City of Fircrest, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform & Control Act.

Applications will be screened and the most qualified invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful applicants.

**POSITION APPLIED FOR: Senior Bus Driver**

\_\_\_\_\_  
 First Name                      Middle Initial                      Last Name                      Social Security No.

\_\_\_\_\_  
 Street Address                      City                      State                      Zip Code

Home Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Valid Driver's License No. \_\_\_\_\_ Commercial License? Yes  No

Are you a citizen of the United States? Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or immigration status?

Yes  No

Are you now or have you ever been employed by the City of Fircrest? Yes  No

Do you have relatives working for the City of Fircrest? Yes  No

If so, name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Other than parking tickets, have you ever been convicted of any law violation? Yes  No

If yes, list date, charges, penalties and remarks: \_\_\_\_\_

How did you learn about the position you are applying for? \_\_\_\_\_

## EDUCATION & TRAINING

Name of High School attended: \_\_\_\_\_ Did you graduate? Yes  No

Do you have a GED certificate?  Yes  No

| Colleges/Universities Attended: | Date Attended | Major | Degree/Diploma |
|---------------------------------|---------------|-------|----------------|
|---------------------------------|---------------|-------|----------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other related Training:

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Use this section to show that you meet the minimum work requirements, if any, as stated on the position announcement. Attach additional sheets to list other work history. Be as complete as possible in outlining the duties of each position.

### **MOST RECENT EXPERIENCE – Paid or Volunteer**

May we contact this employer? Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Total Time Employed: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Duties:

\_\_\_\_\_  
\_\_\_\_\_

No. employees you supervised: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving or considering change:

\_\_\_\_\_  
\_\_\_\_\_

### **OTHER WORK EXPERIENCE – Paid or Volunteer**

May we contact this employer? Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Total Time Employed: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Duties:

\_\_\_\_\_  
\_\_\_\_\_

No. employees you supervised: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving or considering change:

\_\_\_\_\_  
\_\_\_\_\_

**OTHER WORK EXPERIENCE – Paid or Volunteer**

May we contact this employer? Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Total Time Employed: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. employees you supervised: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving or considering change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER WORK EXPERIENCE – Paid or Volunteer**

May we contact this employer? Yes  No

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Total Time Employed: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Hours \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. employees you supervised: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Reason for leaving or considering change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any condition that will interfere with performing the essential duties of the job with or without accommodation? Yes  No  If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check back over this application to make sure you have answered all questions correctly. Remember, an incomplete application may affect your eligibility or experience credit.

I hereby certify that this application contains no willful misrepresentation and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected or I may be dismissed from my employment.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Withdrew     No Show     Rejected     Accepted