Application must be returned by 5:00 p.m., May 16, 2017

Returned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY OF FIRCREST CIVIL SERVICE COMMISSION**

### 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 application 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 in Job Announcement.**
* **If claiming Veterans' Preference/Scoring Criteria attach copy of DD214.**

## 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 areas 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: Police Officer – Lateral Entry**

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 claiming Veterans' Preference/Scoring Criteria? Yes [ ] No [ ]

The scoring criteria credit can only be used once to obtain employment. Have you ever used the scoring criteria status to obtain employment? Yes [ ] No [ ]

Service dates from \_\_\_\_\_ to \_\_\_\_\_. Receiving veteran’s retirement pay? 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

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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 authorize the City of Fircrest, at the time of my application for employment or during the course of employment, to verify information (including criminal history) contained in this application as it relates to the position for which I am being considered, or in which I may be employed. I authorize all previous employers to furnish information concerning my past employment. I hereby acknowledge that the above information is being disclosed at my request and that I will make no claim whatsoever against the City of Fircrest, the agency being contacted, its agents, or employees arising out of the disclosure of such information.

I certify my statements in the application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from consideration for employment or I may be dismissed from my employment. I understand all statements made on this application may be verified.

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

**Signature of Applicant Date**