

APPLICATION FOR EMPLOYMENT

115 Ramsdell Street, Fircrest, WA 98466 | Phone: (253) 564-8901 Fax: (253) 566-0762 | www.cityoffircrest.net

NOTICE: The City is an equal Opportunity Employer and encourages applications from all persons. 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 underrepresented. The City of Fircrest is a drug-free and smoke-free workplace. 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 will be invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful applicants.

Instructions: Read the job announcement relating to the position for which you are applying. Provide all information requested on both pages of the application by typing or printing in ink. Be sure to sign and date the application. An incomplete application may delay action or disqualify you. Your application must be received by 5:00 pm on the closing date stated on the job announcement. Do NOT submit a photograph of yourself.

Position Title: Public Works Director

is intended to create an employment contract between the City and me.

Signature

			General Informa	ation				
First Name Street Address		Last Name				Mic	Middle Initial	
			City		State		Zip	
Home Phone	Cell F	Phone		Email				
Are you now or have you ever been en	ployed b	y the City of Fi	rcrest?	Dates	of employmen	nt:		
Do you have relatives working for the (If yes, please provide name and depart	-	crest? 🗌 No 🏻	☐ Yes					
Are you under 18 years old? ☐ No ☐							⊃ □ Yes	
If offered a position would your visa or	immigrat	tion status prev	ent you from bei	ng lawfully employed	d? □ No □ Ye	es		
Did you graduate from high school or receive a GED ce Name of College/University/Vocational School M			lucation and Tr ? □ No □ Yes		me/Location of High School		a	
Indicate any other trades, skills, or lice	nses you	l possess related	I to the position fo	or which you applyin	l g. Include licer	nse state	e and expiration date.	
			Signature is Requ	ired				
To the best of my knowledge, the informations of the position for which I as Employment for a position, the City individual's conviction history later in the formula of drugs as part of the pre-employment license. Lauthorize investigation of all	n applyin vill comp e hiring p screenir	rein is true and g, with or with plete a thoroug process, such as ng if I receive a	complete. I have out reasonable a th background ch during the condit Conditional Offer	read the Position Job commodation. I un eck. I understand th ional-offer phase. I of Employment for a	derstand that included that included that included that is a position which included that is a position which included that is a position which is	if I recei the dis at I will b ch requi	ive a Conditional Offer of scretion to ask about a be tested for the presence res a Commercial Driver	

Date

application is grounds for disqualification and/or dismissal. I understand that nothing in this application or my communications with any City officials

Employment History

Starting with your present or last job and work back. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. While Resumes and Cover Letters are encouraged, they are not accepted in lieu of completing this application.

Employer:	Your Job Title:
City/State:	Your Duties:
Employed From (mo/yr): To (mo/yr):	
Supervisor's Name: Phone:	
Supervisor's Title:	
Number of Hours Worked Per Week:	
Number of Employees Supervised:	
May we contact this employer? \square No \square Yes	
Reason for leaving:	
Employer:	Your Job Title:
City/State:	Your Duties:
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Supervisor's Name: Phone:	
Supervisor's Title:	
Number of Hours Worked Per Week:	
Number of Employees Supervised:	
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PUBLIC WORKS DIRECTOR

SUPPLEMENTAL QUESTIONNAIRE

Instructions: Please answer the following questions. Be	specific,	detailed and	complete.
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1. Describe your experience working with the public and policy makers. Include your experience in making presentations to elected officials.

2. Describe your experience with street projects and experience with state and federally funded projects.

3.	The Public works Department is working on replacing manual read meters to AMI capable meters and infrastructure. Describe your experience with this type of project, including how this type of project might require organizational or staffing adjustments.
4.	Describe your experience with supervision, discipline and personnel issues.
5.	Describe your experience with engineering consultants.
6.	Describe your experience with organizational changes and transitions.