

EDUCATION

HIGH SCHOOL	MAJOR	TYPE OF DEGREE RECEIVED

COLLEGE OR UNIVERSITY*		

*PROOF OF PROGRAM ACCREDITATION AND DEGREE OBTAINED IS REQUIRED PRIOR TO HIRE.

LIST VOCATIONAL, ON-THE-JOB, OR OTHER APPLICABLE TRAINING.	HOURS/CREDITS

LICENSES/CERTIFICATIONS

VALID DRIVER'S LICENSE? YES ____ NO ____ STATE: ____ LICENSE NUMBER: _____

VALID COMMERCIAL DRIVER'S LICENSE? YES ____ NO ____ STATE: ____ LICENSE NUMBER: _____

LIST LICENSES OR CERTIFICATIONS THAT YOU HOLD WHICH RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

EXPERIENCE

	YEARS EXPERIENCE	TYPE OF EQUIPMENT; SOFTWARE USED; OTHER DETAILS
PERSONAL COMPUTER:		
WORD PROCESSING	_____	(WPM =) _____
SPREADSHEET	_____	_____
DATABASE	_____	_____
DESKTOP PUBLISHING	_____	_____
CAD	_____	_____
OTHER	_____	_____
MAINTENANCE POSITIONS ONLY:		
BACKHOE	_____	_____
DUMP TRUCK	_____	_____
COMPRESSOR	_____	_____
ROTARY MOWER	_____	_____
EDGER, BLOWER	_____	_____
OTHER	_____	_____

WORK HISTORY

Begin with your present or most recent employment. Include self-employment, military service, volunteer experience and periods of unemployment. **The following sections MUST be completed even if a resume is submitted.** Attach additional sheets of paper if you require more space.

#1 **TITLE:** _____ **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____

EMPLOYED BY: _____ **PHONE NO.:** _____

ADDRESS: _____ **NUMBER SUPERVISED:** _____

SUPERVISOR'S NAME/TITLE: _____

STARTING SALARY: _____ **LAST SALARY:** _____ **MAY WE CONTACT THIS EMPLOYER? YES ___ NO ___**

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#2 **TITLE:** _____ **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____

EMPLOYED BY: _____ **PHONE NO.:** _____

ADDRESS: _____ **NUMBER SUPERVISED:** _____

SUPERVISOR'S NAME/TITLE: _____

STARTING SALARY: _____ **LAST SALARY:** _____ **MAY WE CONTACT THIS EMPLOYER? YES ___ NO ___**

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#3 **TITLE:** _____ **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____

EMPLOYED BY: _____ **PHONE NO.:** _____

ADDRESS: _____ **NUMBER SUPERVISED:** _____

SUPERVISOR'S NAME/TITLE: _____

STARTING SALARY: _____ **LAST SALARY:** _____ **MAY WE CONTACT THIS EMPLOYER? YES ___ NO ___**

SCOPE OF JOB: _____

REASON FOR LEAVING: _____

WORK HISTORY
(continued)

#4 TITLE: _____ **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____
EMPLOYED BY: _____ **PHONE NO.:** _____
ADDRESS: _____ **NUMBER SUPERVISED:** _____
SUPERVISOR'S NAME/TITLE: _____
STARTING SALARY: _____ **LAST SALARY:** _____ **MAY WE CONTACT THIS EMPLOYER? YES ___ NO ___**
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

#5 TITLE: _____ **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____
EMPLOYED BY: _____ **PHONE NO.:** _____
ADDRESS: _____ **NUMBER SUPERVISED:** _____
SUPERVISOR'S NAME/TITLE: _____
STARTING SALARY: _____ **LAST SALARY:** _____ **MAY WE CONTACT THIS EMPLOYER? YES ___ NO ___**
SCOPE OF JOB: _____

REASON FOR LEAVING: _____

AUTHORIZATION

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. 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 if employed, I may be discharged from my employment.

I authorize my current or former employers and all schools or educational and technical institutions which I have attended to provide City of SeaTac 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 voluntary acts. This authorization shall be effective for employment investigations by the City of SeaTac only.

Further, I understand that at time of hire I will be required to provide documentation showing authorization to work in the United States.

Signature of Applicant

Date

AFFIRMATIVE ACTION INFORMATION

In order to ensure equal employment opportunity, the City of SeaTac requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential and will not be considered part of your application.

NAME: _____

SEX: Male Female

AGE OVER 40: Yes No

ETHNIC GROUP: White
 Black
 Hispanic
 Asian/Pacific Islander
 Native American (Indian, Eskimo, etc.)

INDIVIDUAL WITH A DISABILITY: Yes No

HOW DID YOU LEARN OF POSITION OPENING?

Newspaper Job Line Internet Job Posting Other