



17425 Ballinger Way NE
 Lake Forest Park, WA 98155
 Human Resources Department
 P:206-368-5440/F:206-957-2830

EMPLOYMENT APPLICATION

The City of Lake Forest Park consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:			
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> State Employment Service
<input type="checkbox"/> Employee Referral. Employee name: _____		<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Home Phone:		Cell Phone:	
Work Phone:		Best Time to Reach:	
Federal Law requires proof of legal authorization to work in the United States within 3 days of employment.		Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you filed an application with us before? Yes No

If Yes, give date

Have you been employed with us before? Yes No

If Yes, give date

What date are you available to begin work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please explain _____

Having read the job announcement for this position, can you perform all the essential job duties with or without reasonable accommodation? Yes No

Employment Experience:

Starting with your most recent, list employment for the past 10 years. Include any job-related military service assignments.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
	Telephone Number(s)		Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

Education:

	High School	Undergraduate College/University	Graduate/ Professional	Professional Certifications/Other
School Name and Location				
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				

Special Skills:

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			
Describe computer and other equipment operation skills. Include programs used, typing speed and other information relevant to the job for which you are applying:			

References:

Please list below professional references other than supervisors listed previously.

Name	Position/Relationship	Day time phone number

Applicant's Statement:

The City of Lake Forest Park is an equal opportunity employer. The City does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City to hire me. If I am hired, I understand that either the City or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City true and complete information on this application. No requested information has been concealed. I authorize the City to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

SIGNATURE OF APPLICANT

DATE



17425 Ballinger Way NE
Lake Forest Park, WA 98155
Phone: (206) 368-5440
Fax: (206) 364-6521

David Hutchinson
Mayor

Roger Olstad
Mayor *Pro Tempore*

Alan S. Kiest
Councilmember

Sandy Koppenol
Councilmember

Dwight Thompson
Councilmember

Donald Fiene
Councilmember

Ed Sterner
Councilmember

Donovan Tracy
Councilmember

David Cline
City Administrator

Michael Ruark
City Attorney

Susan Stine
City Clerk

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I, _____, understand that, as a condition of my consideration for employment with the City of Lake Forest Park, or as a condition of my continued employment with the City, the City may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, Department of Licensing records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the City's procurement of such a report. I understand that, pursuant to the Fair Credit Reporting Act, the City will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the City. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name:

Last First Middle

Alias/Maiden/Other Name(s):

Driver's License Number: _____ State: _____

Position Applied For:

Signature Date