



City of Hoquiam EMPLOYMENT APPLICATION

Administration Department
609 8th Street
Hoquiam, WA 98550

The City of Hoquiam is an equal Opportunity Employer

The City of Hoquiam provides reasonable accommodation to its employees & the public with disabilities, including disabled veterans.

An incomplete application may delay or disqualify you. Do not use pencil to complete this application.

Personal

Position Applied For _____ Department _____

Name: Last _____ First _____ M.I. _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ Day time Phone _____

E-mail Address: _____

Are you under 18 years old? () Yes () No

Notice: If you are currently under PERS, LEOFF, or TRS, your retirement benefits may be interrupted if you are hired by the City of Hoquiam. Contact State Department of Retirement Systems with questions.

Education

High School Diploma or GED received? () Yes () No If no degree, please specify semester or credit hours

College/University/Voc Tech School _____ City/State _____ Major _____ Degree/Cert _____ Credit Hours _____

College/University/Voc Tech School _____ City/State _____ Major _____ Degree/Cert _____ Credit Hours _____

College/University/Voc Tech School _____ City/State _____ Major _____ Degree/Cert _____ Credit Hours _____

Skills

Describe your skills, knowledge & abilities that qualify you for this position.

List licenses, professional affiliations, and non-religious volunteer experiences that pertain to this position.

Employment History

(Please Read Carefully)

Resumes may be attached but will not be accepted as a substitute for completing this section. Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of self-employment & US Military service. Attach separate sheets if necessary.

From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					
From (month/yr)	Company Name			Your Position (Title)	
To (month/yr)	City	State/Zip	Type of Company		Telephone
	Full/Part Time	Supervisor's Name/Title			May We Contact () Yes () No
Duties:					

Do you have any relatives employed by the City of Hoquiam? () Yes () No

Name & Relationship of Relative (s) at the City of Hoquiam

Having a relative employed by the City of Hoquiam will not necessarily bar you from employment.

This statement must not be altered. I understand that false or misleading information in any of my answers or statements will result in my application being eliminated from further consideration, or if employed, will be cause for my dismissal. All statements submitted on this application for employment will be subject to investigation and verification prior to appointment.

Signature of Applicant

Date

This page is optional. It will be used only for record keeping purposes.

RECRUITMENT INFORMATION

How did you learn about the job?

Position you are applying for? _____

Saw advertisement in paper (which one) _____

Magazine or Journal (which one) _____

Saw job posting (where) _____

Career Fair (which one) _____

Heard about it from current city employee (whom) _____

E.E.O. Information

The data collected below will not be used to make employment decisions. It will be used for affirmative action record keeping purposes only.

Date of birth: _____ () Male () Female

() African American () Hispanic () Native American (proof of tribal affiliation is required)

() Asian () Pacific Islander () Caucasian (White, not of Hispanic Origin)