



EMPLOYMENT APPLICATION

6000 Main Street S.W.
Lakewood, WA 98499-5027
(253) 589-2489 (253) 589-3774 (Fax)
24 Hour Job Line (253) 512-2265
TTY Relay: 1-800-833-6384
Visit us on the Web: www.cityoflakewood.us

The City of Lakewood is an Equal Opportunity Employer

Title/Position for which you are applying:			
Name (Last)		(First)	(Middle)
Mailing Address		City	State Zip Code
Home Phone ()	Work Phone ()	Cellular (optional) ()	
Email Address (optional)			

Are you a current or former City of Lakewood employee? Yes No

Note: The City's nepotism policy prohibits family members, spouses, or individuals residing with a current employee from working in any capacity that may create a conflict of interest.

Are you related to or residing with any current employee of the City of Lakewood? Yes No

If yes, indicate name and relationship: _____

Can you prove that you are legally entitled to work in the United States? Yes No

Will you be able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

Other than parking tickets, within the past 10 years have you been convicted of or pled guilty to any crime which might have some bearing on your qualifications and fitness to accept duties and responsibilities of the position for which you are applying? Yes No

If yes, explain below:

Offense	Date	Court	Description

Note: Although the City may investigate criminal convictions that relate to fitness to perform the job for which you are applying, such convictions will not necessarily bar you from consideration for employment with the City.

EDUCATION

Name of High School Attended – Location (City, State)	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name(s) of College or University – Location (City, State)	Major	Years Completed	Type of Degree Conferred

List any vocational, on-the-job or other applicable training – Location (City, State)	Training Courses	Credit Hours

LICENSES/CERTIFICATIONS

List any current licenses or certifications which relate to the position for which you are applying:

TYPE OF LICENSE OR CERTIFICATION	ISSUING STATE	LICENSE NUMBER

LANGUAGE SKILLS: *List foreign languages.*

Language: _____
 Basic Fluent Written

Language: _____
 Basic Fluent Written

EQUIPMENT EXPERIENCE

	<u>YEARS OF EXPERIENCE</u>	<u>TYPE OF EQUIPMENT; PROGRAMS USED; OTHER DETAILS</u>
SOFTWARE:		
Word Processing	YRS/ WPM	
Spreadsheet		
Other		
Other		
Other		
OTHER RELATED EQUIPMENT: <i>(Specify)</i>		

EMPLOYMENT HISTORY

*Beginning with your present or most recent employment, outline your work experience for at least the last 10 years. Include self-employment, military service, and/or volunteer work. Attach additional sheets of paper if you require more space. The following sections **MUST** be completed even if a resume is submitted.*

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

EMPLOYMENT HISTORY

(Continued)

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

JOB TITLE:	FROM:	TO:	TOTAL YEARS:
STARTING SALARY:	FINAL:	HOURS PER WEEK:	
EMPLOYED BY:			
ADDRESS:			
SUPERVISOR'S NAME/TITLE:			
MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/> SUPERVISOR'S PHONE NO:			
PRIMARY DUTIES:			
REASON FOR LEAVING OR CONSIDERING CHANGE:			

Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for layoff because of lack of work? Yes No

If yes, please explain: _____

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 an 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 Lakewood 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 Lakewood only.

If selected, I will be required to verify that I am legally eligible to work in the United States prior to appointment (P.L. 99-603: U.S. Immigration Reform and Control Act of 1986). I am also aware that if hired by the City of Lakewood, my employment is at-will. The employment relationship may be terminated by the City or the employee at any time.

Signature

Date

The City of Lakewood is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, gender, age, color, creed, national origin, marital status, disability status, sexual orientation, or any other basis prohibited by federal, state, or local law. In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.



AUTHORIZATION FOR BACKGROUND INVESTIGATION

This information will be removed from the application packet, kept in a confidential separate file and will not be used in the evaluation of your application.

I, _____ hereby authorize the City of Lakewood or an independent investigating agency to conduct a thorough investigation of my personal and professional background which may include criminal and driving records.

I hereby release any 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 of the City of Lakewood only.

It is my intention that any copy of this authorization be as effective as is the original.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: Last: _____			First: _____			Middle: _____		
Alias/Maiden/Other Name(s): _____								
Date of Birth: _____			Sex: _____			Race: _____		
Social Security Number: _____								
<i>(Disclosure of your Social Security Number is voluntary)</i>								
Driver's License Number: _____					State: _____			
Position Applied For: _____								

Signature

Date



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The City of Lakewood is an Equal Opportunity Employer. To help us comply with record keeping and reporting requirements, please complete the survey section below. Providing this information is voluntary. *This information will be removed from the application packet, kept in a confidential separate file and will not be used in the evaluation of your application.*

POSITION APPLIED FOR _____

NAME _____

SEX: MALE FEMALE

AGE OVER 40? YES NO

ETHNIC GROUP (*Choose only one*):

- White (not of Hispanic origin) - Those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) - Those having origins in any of the Black racial groups of Africa.
- Hispanic - Those of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture regardless of race.
- Asian - Those having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.
- Native Hawaiian or Pacific Islander – Those having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Native American or Alaskan Native - Those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or more races (not of Hispanic origin).

INDIVIDUAL WITH A DISABILITY? YES NO

HOW DID YOU LEARN OF THIS POSITION OPENING?

Newspaper Job Posting Job Line Friend Internet

Statement Concerning Your Employment in a Job Not Covered by Social Security

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job.

For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, “Windfall Elimination Provision.”

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, $\$500 - \$400 = \$100$. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, “Government Pension Offset.”

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.