



Employment Application

City of Carnation
(425) 333-4192
www.carnationwa.gov

4621 Tolt Avenue
P.O. Box 1228
Carnation, WA 98014

In addition to this application form, please submit a Resume and Cover Letter addressed to the City Manager to ashlyn.farnworth@carnationwa.gov

*Prior to any employment offers, the City will run a thorough background check, including credit history for certain positions.

In Carnation we celebrate diversity, we support it, and we thrive on it for the benefit of our employees, our services, and our community. The City of Carnation is proud to be an equal opportunity workplace and is an affirmative action employer.

TITLE OF POSITION APPLIED FOR:	DATE AVAILABLE TO BEGIN WORK:
NAME:	PRIMARY PHONE NUMBER:
ADDRESS:	SECONDARY PHONE NUMBER:
	EMAIL ADDRESS:
SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER & STATE:
PLEASE LIST ANY OTHER NAMES YOU HAVE USED (including maiden name): • _____ • _____	
HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	

OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDE DUI/DWI)? Yes No

IF YOU ARE EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?

Yes No

WERE YOU HONORABLY DISCHARGED FOLLOWING MORE THAN 180 DAYS ACTIVE U.S. MILITARY SERVICE? Yes No N/A

If yes or no above, then

Branch of Service: _____

Dates of Active Service: _____

DO YOU HAVE PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THIS POSITION?

Yes No

LANGUAGES SPOKEN FLUENTLY OTHER THAN ENGLISH:

- _____
- _____
- _____

TYPE OF WORK PREFERRED:

Full Time

Part Time

Temporary

Summer

Other:

Will you work overtime when scheduled or requested? Yes No

Can you work weekends whenever scheduled or requested? Yes No

BACKGROUND AND EXPERIENCE:

Education (Check all that apply, and list major areas of study):

High School Graduate or GED

Some College, number of years completed.

Bachelor's degree in _____

Master's degree in _____

Doctorate in _____

Other (describe) _____

If you did not graduate High School, what is the highest grade completed? _____

Educational Institutions Attended:

High School, Name/City/State: _____ Year Graduated: _____

College, Name/City/State: _____ Year Graduated: _____

College, Name/City/State: _____ Year Graduated: _____

Other, Name/City/State: _____ Year Graduated: _____

I authorize the City of Carnation, at the time of my application for employment or during the course of employment, to verify information contained in this application as it relates to the position for which I am being considered, or which I may be employed. I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal. I understand that all information contained in this application may be investigated. I understand and agree that, if hired, either party may terminate the employment relationship at any time with or without cause, subject only to any applicable laws or express written agreements regulating said employment relationship.

I hereby authorize the City of Carnation to contact any individuals or organizations the City deems suitable to make inquiry regarding my personal character, work habits, work performance, credit, or my knowledge, ability, and skill to perform the duties of the position for which I have applied.

I hereby hold harmless and release the City of Carnation, and any persons or organizations contacted by the City of Carnation, from all liability of any kind, regarding their assessment of my character, work habits, performance, training, knowledge, skill or ability to perform the duties of the position for which I have applied.

I understand and agree that I may be required to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment physical examination, or that I may be required to take other physical or psychological examinations, and that any job offer may be conditioned upon the results of said examination(s).

X _____
Applicant Signature

Date