



# EMPLOYMENT APPLICATION

501 EVERGREEN POINT ROAD  
MEDINA, WA 98039-0144  
TELEPHONE: (425) 233-6400 | FAX: (425) 454-8490  
[www.medina-wa.gov](http://www.medina-wa.gov)

*The City of Medina is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, or any other basis prohibited by federal, state or local law.*

**AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU.  
PLEASE TYPE OR USE BALL POINT PEN IN COMPLETING THIS APPLICATION.**

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Are you under 18 years old?      Yes      No      Daytime Phone: \_\_\_\_\_

Have you received a High School Diploma or GED?      Yes      No

Please list all post-secondary education received, including, School, City, State, Major, Degree/Certificate or credit hours received.

\_\_\_\_\_  
\_\_\_\_\_

**Describe your skills, knowledge & abilities that qualify you for this position. Please list licenses, professional affiliations and non-religious volunteer experience that pertain to this position.**

\_\_\_\_\_  
\_\_\_\_\_

**Can you perform the essential functions of the position(s) for which you are applying with or without reasonable accommodation? (Please see job description)**      Yes      No

**Have you served in the United States Armed Forces?**      Yes      No

**If yes, please give dates of service and Branch:** \_\_\_\_\_

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 & U.S. military service. Attach separate sheets if necessary.

COMPANY NAME: CITY/STATE:
PHONE: YOUR POSITION:
START DATE: SEPARATION DATE: SALARY:
STATUS: FULL TIME PART TIME MAY WE CONTACT? Yes No
SUPERVISOR'S NAME/TITLE:
DUTIES:
REASON FOR LEAVING:

COMPANY NAME: CITY/STATE:
PHONE: YOUR POSITION:
START DATE: SEPARATION DATE: SALARY:
STATUS: FULL TIME PART TIME MAY WE CONTACT? Yes No
SUPERVISOR'S NAME/TITLE:
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COMPANY NAME: CITY/STATE:
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SUPERVISOR'S NAME/TITLE:
DUTIES:
REASON FOR LEAVING:

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.

This application should not be construed as and does not constitute a contract, express or implied, guaranteeing employment for any specific duration. You or the City may terminate this relationship at any time, for any reason, with or without cause or notice. Any oral or written statements or promises to the contrary are expressly disavowed.

Signature: Date:

Notice: If selected, you will be required to verify you are legally eligible to work in the United States prior to appointment. (P.L. 99-603: U.S. Immigration Reform and Control Act of 1986)