



City of Bellingham

Employment Application

Human Resources Department
 210 Lottie Street
 Bellingham, Washington 98225
 (360) 778-8220
 (360) 676-6883 (TTY)

www.cob.org, Employment

*Build Your Career
 Serve Your Community*

How did you hear of opening? Choose one:

- | | |
|--|--|
| <input type="checkbox"/> City Posting (P) | <input type="checkbox"/> Friend or Relative (F) |
| <input type="checkbox"/> Bellingham Herald (H) | <input type="checkbox"/> Placement Office (E) _____ |
| <input type="checkbox"/> Seattle Times (T) | <input type="checkbox"/> Professional web site/journal (R) _____ |
| <input type="checkbox"/> City Employee (A) | <input type="checkbox"/> Other (O) _____ |
| <input type="checkbox"/> Direct Mailing (M) | <input type="checkbox"/> City's Web Site (W) |

I. Job Info	Job you are applying for: _____	Job #: _____
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II. Personal Information	Complete all information. Incomplete applications may delay or disqualify you.			
	LAST NAME	FIRST NAME	MIDDLE INITIAL	CONTACT PHONE (A weekday number where you can be reached.)
	MAILING ADDRESS (Street or PO Box):			EMAIL ADDRESS (Optional)
	CITY:		STATE/ZIP:	
ARE YOU A CURRENT OR FORMER CITY OF BELLINGHAM EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No LIST POSITION(S) AND DATES OF EMPLOYMENT:				

FOR CIVIL SERVICE POSITIONS ONLY

Do you wish to claim Veterans scoring criteria in this examination: Yes No
 Please attach a copy of your DD-214 with application materials if your answer is YES.
 Also complete the Veteran's Scoring Criteria section of the Applicant Data Information Sheet (attached).

III. Education and Training		NAME AND LOCATION (CITY, STATE) OF SCHOOL	CIRCLE YEARS COMPLETED	GRADUATED	YEAR	TYPE OF DEGREE	MAJOR/ CONCENTRATION
	HIGH SCHOOL		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	COLLEGE		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	COLLEGE*		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	GRADUATE SCHOOL		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	TECHNICAL SCHOOL		1 2 3 4 Length of Course	<input type="checkbox"/> Yes <input type="checkbox"/> No			
RELEVANT PROFESSIONAL CERTIFICATES AND/OR LICENSES:							
WHAT SPECIAL SKILLS DO YOU HAVE THAT WOULD BE OF VALUE IN THE WORK FOR WHICH YOU ARE APPLYING?							

(*Two colleges listed in the event you attended more than one college.)

IV. References	List names of three people who can comment on your work from their direct observation		
	NAME	RELATIONSHIP	PHONE NUMBER

It is the policy of the City of Bellingham to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, national origin, gender, age, sexual orientation, marital status, and/or disability. Persons with disabilities needing assistance in the application/examination process may call the Human Resources office at (360) 778-8220.

CITY OF BELLINGHAM APPLICANT DATA INFORMATION SHEET

Applicant's Name: _____

Date: _____

Job Title/Number: _____

Instructions: Please print this form and complete. Check where appropriate. Return this form and application materials to:
Human Resources Dept., City of Bellingham, 210 Lottie Street, Bellingham, WA 98225
360/778-8220 or Fax: 360/778-8221

STATISTICAL REPORTING

Race (check one): Asian Black Hispanic Native American White Other
 Sex (check one): Male Female

NOTE: Race and sex information is for statistical reporting purposes ONLY and is not used in hiring.

APPLICANT STATUS

Candidate ID #: * 999-99-_____ (Last 4 digits of your Social Security number)

1. Applicants are notified of their score and status on our web site, www.cob.org, Employment, Applicant Status.
2. Information will be updated approximately four weeks after closing date.
3. Each applicant is assigned an ID number to ensure confidentiality. Example: 999-99-1234 (includes last four digits of your Social Security number). This must be included on the Applicant Data Information sheet and returned with your application materials.
4. An explanation of the process will be available at the web address shown above after completion of the process.
5. An update as to the applicant status will be provided for those applying in the process.
6. Applicants may also utilize internet at your local library, contact the Human Resources Department at (360) 778-8220 or come to the office, 2nd floor, City Hall, 210 Lottie St., Bellingham, WA if internet access is unavailable to discuss their status in the process.

Are you a current City of Bellingham employee? Yes No

Are you a former City of Bellingham employee? Yes No

VETERAN'S SCORING CRITERIA (if applicable)

- Honorably discharged from the service. Yes No
- Received a discharge from active duty for physical reasons with honorable records. Yes No
- I claim 10% preference to be added to my final passing score because **I am not** receiving Veteran's retirement payments.
Yes No
- I claim 5% preference to be added to my final passing score because **I am** receiving Veteran's retirement payments.
Yes No

Per RCW 41.04.010 – The percentage shall be added to the passing mark, grade or rating of competitive examinations until the Veteran's first appointment.

In order to receive Veteran's points, a copy of your DD-214 must be submitted.

CONVICTIONS

Have you ever been convicted, pled guilty or not contested, forfeited bond or bail, been on parole or probation, or served time in prison for any crime other than traffic violations, in the last ten years? Yes No

If yes, explain below. If necessary, please provide your response on a separate sheet of paper and attach to the Applicant Data Information sheet. Do NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than 10 years old.

A conviction will not necessarily bar you from employment

Date of Conviction	Charge	Disposition	City, County, State	Remarks

To the best of my knowledge, the information herein is true and complete. I understand that falsification of information on this form will be grounds for elimination from further consideration; or, if employed, for dismissal at any time. Further, I understand that at time of hire, I will be required to provide documentation showing authorization to work in the United States.

Applicant Signature _____

Date _____