



Employment Application

**CITY OF
BELLINGHAM
HUMAN RESOURCES**

210 Lottie Street
Bellingham, WA 98225

Phone:
(360) 676-6960

Job Line:
(360) 676-6855, ext. 599

TTY:
(360) 676-6883

How did you hear of opening?

Choose one:

- | | |
|--|--|
| <input type="checkbox"/> City posting | <input type="checkbox"/> Friend or Relative |
| <input type="checkbox"/> Job Line | <input type="checkbox"/> Placement Office: _____ |
| <input type="checkbox"/> Bellingham Herald | <input type="checkbox"/> Organization: _____ |
| <input type="checkbox"/> Seattle Times | <input type="checkbox"/> Job Publication: _____ |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Internet Site: _____ |
| <input type="checkbox"/> Direct Mailing | <input type="checkbox"/> Other: _____ |

I. Job Info

Job you are applying for: _____

Job #: _____

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.)	EMAIL ADDRESS (Optional)
MAILING ADDRESS (Street or PO Box):		CITY:	STATE/ZIP:	
ARE YOU A CURRENT OR FORMER CITY OF BELLINGHAM EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
POSITION 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.

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		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) 676-6960.

V. Work History

List all relevant employment, for last 10 years, most recent employer first. Copy this page and attach additional sheets as necessary.

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
REASON FOR LEAVING:	NAME USED AT THIS EMPLOYER, IF DIFFERENT		
SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

EMPLOYER:	SUPERVISOR'S NAME:	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TELEPHONE #:
STREET ADDRESS/CITY/STATE:		DATE EMPLOYED (MO/YR): FROM: TO:	
MOST RECENT POSITION:	FINAL SALARY: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	WAS THIS POSITION: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
REASON FOR LEAVING:	NAME USED AT THIS EMPLOYER, IF DIFFERENT		
SUMMARIZE MAJOR WORK DUTIES: (Do not say "See Resume." Must be completed fully.)			

VI. Application Release

Please read carefully before signing.

RELEASE

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I understand that I will be required to provide documentation showing authorization to work in the United States. I certify that I am not engaged in any activity or business that could be considered in conflict with the City's interest nor will I become engaged in such activity or business if employed.

Signature of Applicant

Date

THANK YOU FOR YOUR APPLICATION

City of Bellingham Applicant Data Information Sheet

Applicant's Name: _____
Date: _____
Job Title/Number: _____

Instructions: Please print this form and complete. Circle where appropriate. Return this form and application materials to:

Human Resources Dept., City of Bellingham
210 Lottie Street, Bellingham, WA 98225
360/676-6960

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

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

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

1. The City of Bellingham notifies applicants of their score and status by posting results on our web site.
2. The web site address is: <http://www.cob.org>, click on **Employment**, then click on **Applicant Status**.
3. Each applicant will be assigned an identifying number to ensure confidentiality. Example: **999-99-3406** (includes the last four digits of your Social Security number). **It's important that you include this information on the Applicant Data Information sheet and return this document with your application materials.**
4. An update as to the applicant status (i.e. did not meet the minimum qualifications, etc.) will be provided. Applicants may also utilize internet at your local library, contact the Human Resources Department at (360) 676-6960 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):

- Yes No 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 payment.
 Yes No I claim 5% preference to be added to my final passing score because I am receiving veteran's retirement payments.

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

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