



CITY OF BELLEVUE
Human Resources Department

PO Box 90012
450 – 110th Ave NE
Bellevue, WA 98009-9012

Phone: (425) 452-6838

SHORT EMPLOYMENT APPLICATION

For partially benefited status positions

Website: www.bellevuewa.gov

It is the policy of the City of Bellevue to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications without regard to race, color, national origin, gender, age, marital status, sexual orientation, religion, and/or disability.

GENERAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE INITIAL	CONTACT PHONE (A weekday number where you can be reached with area code.)
STREET ADDRESS		CITY		STATE/ZIP	EMAIL
DO YOU HAVE RELATIVES EMPLOYED BY THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE: _____ RELATIONSHIP: _____					
HAVE YOU EVER BEEN A MEMBER OF A WASHINGTON STATE RETIREMENT SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER RETIRED FROM A WASHINGTON STATE RETIREMENT SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
POSITION					
POSITION(S) INTERESTED/APPLYING FOR		HOW DID YOU HEAR OF POSITION(S)?		TODAY'S DATE	
1.					
2.		POSITION TYPE YOU ARE INTERESTED IN: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> TEN-FORTY PART-TIME <input type="checkbox"/> STUDENT INTERN <i>(9 months or less) (20 hrs per week or less)</i>			
3.					
PREVIOUS WORK HISTORY WITH THE CITY OF BELLEVUE (If "yes" to either question below, complete rest of section.)					
ARE YOU A CURRENT OR FORMER CITY OF BELLEVUE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU CURRENTLY OR HAVE YOU FORMERLY WORKED FOR THE CITY OF BELLEVUE THROUGH A TEMPORARY AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME USED, IF DIFFERENT FROM ABOVE		DATES WORKED			
		TO: _____ FROM: _____			
TITLE	DEPARTMENT WORKED		NAME OF SUPERVISOR		
TEMPORARY AGENCY NAME	CONTACT AT THE TEMPORARY AGENCY		PHONE NUMBER OF CONTACT		
ADDITIONAL INFORMATION (if applicable)					
EDUCATION/CERTIFICATION					
NAME OF SCHOOL/PROGRAM		GRADUATED	CERTIFICATE	TYPE OF DEGREE	COURSEWORK / MAJOR
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
GRADUATE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO			
SENIOR LIFE SAVING			<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	
WATER SAFETY INSTRUCTION			<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	
CPR / FIRST AID CERTIFICATION			<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	
OTHER (Explain)					
PROFESSIONAL REFERENCES					
NAME		RELATIONSHIP		PHONE	
1.					
2.					

THE CITY OF BELLEVUE VALUES DIVERSITY IN ITS WORKFORCE.

CORE VALUES: Exceptional Public Service - Stewardship - Commitment to Employees - Integrity - Innovation

WORK HISTORY - List related present or most recent employer first. Include any related non-paid experience.

EMPLOYER	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TELEPHONE # (include area code)
STREET ADDRESS/CITY/STATE		DATE EMPLOYED (MO/YR) FROM: TO:	
NAME USED AT THIS EMPLOYER, IF DIFFERENT	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"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
MOST RECENT POSITION			HOURS WORKED/WK:
REASON FOR LEAVING			
SUMMARIZE MAJOR WORK DUTIES			

EMPLOYER	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TELEPHONE # (include area code)
STREET ADDRESS/CITY/STATE		DATE EMPLOYED (MO/YR) FROM: TO:	
NAME USED AT THIS EMPLOYER, IF DIFFERENT	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"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
MOST RECENT POSITION			HOURS WORKED/WK:
REASON FOR LEAVING			
SUMMARIZE MAJOR WORK DUTIES			

EMPLOYER	SUPERVISOR'S NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TELEPHONE # (include area code)
STREET ADDRESS/CITY/STATE		DATE EMPLOYED (MO/YR) FROM: TO:	
NAME USED AT THIS EMPLOYER, IF DIFFERENT	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"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
MOST RECENT POSITION			HOURS WORKED/WK:
REASON FOR LEAVING			
SUMMARIZE MAJOR WORK DUTIES			

WHAT TRAINING, CLASSES OR PERSONAL EXPERIENCES DO YOU HAVE THAT DIRECTLY RELATES TO THIS POSITION

RELEASE STATEMENT - Please read carefully. If you are selected to fill a vacancy you will be required to sign this application.

To the best of my knowledge, the information herein is true and complete, and I further understand that if hired into a partially benefited status position, I will be required to provide documentation showing authorization to work in the United States. I further understand that the City of Bellevue may conduct a criminal and/or other job-related background investigation and/or conduct a reference check on my employment history. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time.

Signature of Applicant

Date