

# Seattle City Attorney's Office

## Application for Employment

This application must be completely filled out. Areas that are not applicable, indicate "N/A". Incomplete applications may exclude you from consideration for employment. A resume will not be used in lieu of an application, but you may attach a resume if you would like. If you need additional space in any field, you may attach a separate sheet.

The Seattle City Attorney's Office is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, gender preference, veteran status, disability status or any other basis prohibited by Federal, State or Local law.

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact the City Attorney's Office Human Resources Representative at (206) 684-8230 .

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Phone	Day and/or Message Phone if unavailable at Home Phone during the day.	
E-Mail Address		
Position or type of employment desired: _____		
Available for:	Full time	Part Time
		Temporary
Date Available: _____	Day/Hours Available: _____	Available for evenings and weekends? Yes No
How did you hear about this job opportunity (which newspaper, which website, word of mouth, etc.)		

### SEATTLE CITY ATTORNEY'S OFFICE INFORMATION

Are you now or have you ever been employed by the City of Seattle?	Yes	No
If YES to the above question, in what department? _____		
When did you leave? _____	Why did you leave? _____	
Do you have any relatives employed in the Seattle City Attorney's Office?	Yes	No
If YES, name of the relative(s) (not a disqualification for employment):		

*The City of Seattle is an Equal Opportunity Employer and encourages diversity in its work force.*

**EDUCATION**

List all educational institutions attended, years completed, GPA/class rank and major or area of study.

Name and Location of College, Law School, or Vocational Institute Attended	Years Completed	GPA/Class Rank	Major or Area of Study	Type of Degree or Certificate Obtained

**CONVICTION INFORMATION**

Have you been convicted of a misdemeanor or a felony in the last ten years (Such conviction(s) may be relevant if job related, but is not an automatic bar from employment)	Yes	No
If YES to the above question, please list nature of offense, date, the court and disposition on each conviction below:		

**WORK EXPERIENCE**

Identify every job you have held in the past seven years. Start with the most current or last employer. If additional space is needed, attach extra sheets.

---

_____ Employer	_____ Position Title		
_____ Employer Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor's Name	_____ Supervisor's Phone		

Specific Duties:

Number of Employees You Supervised: \_\_\_\_\_ Total Time Employed from: \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr) to \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr)

Total Hours Worked Per Week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Change:

---

_____ Employer		_____ Position Title	
_____ Employer Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor's Name		_____ Supervisor's Phone	

Specific Duties:

Number of Employees You Supervised: \_\_\_\_\_ Total Time Employed from: \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr) to \_\_\_\_\_ (Mo) \_\_\_\_\_(Yr)

Total Hours Worked Per Week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Change:

---

_____ Employer		_____ Position Title	
_____ Employer Address	_____ City	_____ State	_____ Zip Code
_____ Supervisor's Name		_____ Supervisor's Phone	

Specific Duties:

Number of Employees You Supervised: \_\_\_\_\_ Total Time Employed from: \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr) to \_\_\_\_\_ (Mo) \_\_\_\_\_(Yr)

Total Hours Worked Per Week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Change:

*The City of Seattle is an Equal Opportunity Employer and encourages diversity in its work force.*

---

Employer	Position Title		
Employer Address	City	State	Zip Code
Supervisor's Name		Supervisor's Phone	

Specific Duties:

Number of Employees You Supervised: \_\_\_\_\_ Total Time Employed from: \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr) to \_\_\_\_\_ (Mo) \_\_\_\_\_ (Yr)

Total Hours Worked Per Week: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving or Considering Change:

---

**PLEASE READ BEFORE SIGNING: DECLARATION OF APPLICANT**

I understand with the exception of certain bargaining unit positions and positions covered by the civil service, all other positions in the Seattle City Attorney's Office are "at-will", which means that, just as an employee would be free to resign at any time for any reason, the employer would have the right to terminate employment at any time, with or without cause, and without prior notice.

I hereby certify that the information supplied by me in this application is true and correct. I understand that if I falsify or omit any information on this application I will be excluded from consideration for employment or terminated, if I have been employed.

I authorize the Seattle City Attorney's Office to investigate all statements on this application and to secure job-related information about me from the employers, educational institutions, references and other sources of information identified herein. I hereby release from any and all liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Some positions require a criminal background check.

I hereby acknowledge that I have read and understand the preceding statements.

Signature of Applicant	Date
------------------------	------

PLEASE SUBMIT THE APPLICATION FORM WITH ANY COVER LETTER AND RESUME.

*The City of Seattle is an Equal Opportunity Employer and encourages diversity in its work force.*