



## EMPLOYMENT APPLICATION

### Application Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street address Apt/Unit #

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip Code

Date Available: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Begin with current employer, working back 10 years.

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____



Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

If additional space is needed for employment history, please continue on plain paper and attach.

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Certifications

Please provide information regarding any certifications or qualifications you may have that are pertinent to this position.

### Notes to Applicant

1. Upon successful completion of an interview and a potential finalist, the City of Omak will require you to provide a copy of your driver's license which will be used for our background investigation.



# City of Omak

WASHINGTON STATE

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2. If you are a potential finalist, what is your availability to begin employment? \_\_\_\_\_
3. How would you like us to contact you to set up the interview or to inform you that you are a potential finalist?  
Phone: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_
4. The City of Omak continues to maintain a drug and alcohol-free workplace. As the employer, we may test for controlled substances and alcohol for our "safety-sensitive" positions.

## **Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree and give my consent that if I am a semi-finalist that any person, firm, or organization listed herein is authorized to furnish the City of Omak with reference material concerning my character, past employment or any other information requested. I understand that the hiring agency or its agents retain the right to determine the fitness and a daptability of applicants for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_