

# Town of Coulee City

PO Box 398 ♦ Coulee City WA 99115-0398  
Telephone 509-632-5331 ♦ Fax 509-632-5125

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For		Date of Application			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever filed an application with us before? If yes, give date _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been employed with us before? If, yes, give date _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
On what date would you be available for work? _____					
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work		<input type="checkbox"/> Temporary			
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if a job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
College Undergraduate				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**If you need additional space, please continue on a separate sheet of paper.**

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills:

Check Skills/Equipment Operated

Production/Mobile  
Machinery (list):

Other (list):

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<input type="checkbox"/> CDL Class: _____	
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3		
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect		

State any additional information you feel may be helpful to us in considering your application:

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**Note to Applicants:** Do ***NOT*** answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

## References:

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone No.)

\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone No.)

\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone No.)

\_\_\_\_\_ (Address)

# APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**THE TOWN OF COULEE CITY IS AN EQUAL OPPORTUNITY EMPLOYER**