



# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

DATE: \_\_\_\_\_

## Personal Information

NAME: \_\_\_\_\_

Last

First

Middle

PRESENT ADDRESS: \_\_\_\_\_

Street

City

State

Zip

PERMANENT ADDRESS: \_\_\_\_\_

Street

City

State

Zip

MAILING ADDRESS: \_\_\_\_\_

PO Box

City

State

Zip

PHONE NUMBER: \_\_\_\_\_

Home

Cell

ARE YOU 18 YEARS OR  
OLDER? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT DESIRED

Position Desired: \_\_\_\_\_ Date you can Start: \_\_\_\_\_ Wages Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your employer? \_\_\_\_\_

Have you ever worked for the City of Electric City? \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

## EDUCATION

Name and Location of  
School

NO. of  
year  
attended

Did you  
Graduate?

Subjects Studied

Grammar School

High School

College

Trade, Business or  
Correspondence

## GENERAL

Do you have any certifications, licenses, or specialized skills? : \_\_\_\_\_

Activities: (Civic, Athletic, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OR ORIGIN OF ITS MEMBERS.

U.S. MILITARY SERVICE, NATIONAL GUARD OR RESERVES: \_\_\_\_\_

**FORMER EMPLOYERS** (List below last three employers, starting with last one first)

DATE MONTH AND YEAR	NAME AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES:** (Give the names of three persons, not related to you, whom you have known at least one year)

NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

In case of Emergency Notify \_\_\_\_\_  
Name Address Phone No.

**\*NOTE: PLEASE SUBMIT YOUR RESUME ALONG WITH APPLICATION FORM TO:  
THE CITY OF ELECTRIC CITY, PO BOX 130, ELECTRIC CITY, WA 99123**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

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

\_\_\_\_\_  
*Date*

**Do Not Write Below This Line**

INTERVIEWD BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPEARANCE: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: ☐ Yes ☐ No POSITION: \_\_\_\_\_ DEPT.: \_\_\_\_\_ SALARY/WAGE: \_\_\_\_\_

DATE REPORTING TO WORK: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

EMPLOYMENT MANAGER

DEPT. HEAD

MAYOR