



**City of
Grand Coulee**

EMPLOYMENT APPLICATION

306 Midway Ave., PO Box 180, Grand Coulee WA 99133

NOTICES:

If you are employed by the City of Grand Coulee, you will be required to establish your identity and authority to work in the United States, as required by the Immigration Reform and Control Act.

Applications will be screened and the most qualified invited to interview. Those not contacted must assume they were not selected for an interview. Formal notification may not be sent to unsuccessful applicants.

The City of Grand Coulee is an equal opportunity affirmative action employer.

PLEASE TYPE OR PRINT IN INK

ANSWER EVERY QUESTION THAT PERTAINS TO THE POSITION FOR WHICH YOU ARE APPLYING.

| | | |
|----------------------|--------------------|------------------------------|
| TODAY'S DATE: | JOB NUMBER: | POSITION APPLIED FOR: |
|----------------------|--------------------|------------------------------|

| | | | |
|----------------------|-------|--------|--------------------------------|
| NAME: LAST | FIRST | MIDDLE | SOCIAL SECURITY NUMBER: |
|----------------------|-------|--------|--------------------------------|

| | | | | | |
|-----------------|-------|--------|------|--------------------------|----------|
| ADDRESS: | | | | TELEPHONE NUMBER: | |
| STREET: | CITY: | STATE: | ZIP: | DAYTIME: | EVENING: |
| MAILING: | CITY: | STATE: | ZIP: | OTHER(S): | |

HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF GRAND COULEE? YES NO

WILL YOU ACCEPT TEMPORARY OR PART-TIME EMPLOYMENT? YES NO

LIST ALL RELATIVES WORKING FOR THE CITY OF GRAND COULEE:

EDUCATION & TRAINING:

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED

COLLEGES OR UNIVERSITIES ATTENDED:

| NAME/LOCATION: | DATES OF ATTENDANCE: | | MAJOR: | DEGREE/DIPLOMA (YES OR NO) |
|----------------|----------------------|-----|--------|-------------------------------|
| | FROM: | TO: | | |
| | | | | |
| | | | | |

OTHER RELATED TRAINING/COURSEWORK:

LIST ANY SPECIAL LICENSES (INCLUDING DRIVER'S LICENSE) OR CERTIFICATIONS YOU HOLD WHICH ARE NECESSARY OR USEFUL IN THIS POSITION. NOTE TYPE OF LICENSE (INCLUDING NUMBER), STATE WHERE ISSUED, AND EXPIRATION DATE:

LIST MACHINES OPERATED WHICH ARE NECESSARY OR USEFUL IN THIS POSITION:

LIST USEFUL EXPERIENCES, QUALIFICATIONS, OR SKILLS THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING. (EXAMPLES: VOLUNTEER WORK, SHORTHAND SPEED, PUBLICATIONS, BOARDS OR COMMISSIONS SERVED, HOBBIES SUCH AS PHOTOGRAPHY, ART, ETC.)

WORK HISTORY

BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION.

YOU MAY ATTACH A RESUME; HOWEVER, A RESUME WILL NOT BE ACCEPTED IN LIEU OF A COMPLETE WORK HISTORY AS REQUESTED BELOW.

| | | | |
|--------------------------------|----------------------------|----------------------------|------------------|
| FROM: MONTH YEAR | TO: MONTH YEAR | EMPLOYER'S NAME & ADDRESS: | |
| YOUR TITLE: | | Telephone: | |
| NAME/TITLE OF YOUR SUPERVISOR: | | PRIMARY DUTIES: | |
| REASON FOR LEAVING: | | MONTHLY SALARY: | HOURS WORK/WEEK: |
| FROM: MONTH YEAR | TO: MONTH YEAR | EMPLOYER'S NAME & ADDRESS: | |
| YOUR TITLE: | | Telephone: | |
| NAME/TITLE OF YOUR SUPERVISOR: | | PRIMARY DUTIES: | |
| REASON FOR LEAVING: | | MONTHLY SALARY: | HOURS WORK/WEEK: |
| FROM: MONTH YEAR | TO: MONTH YEAR | EMPLOYER'S NAME & ADDRESS: | |
| YOUR TITLE: | | Telephone: | |
| NAME/TITLE OF YOUR SUPERVISOR: | | PRIMARY DUTIES: | |
| REASON FOR LEAVING: | | MONTHLY SALARY: | HOURS WORK/WEEK: |
| FROM: MONTH YEAR | TO: MONTH YEAR | EMPLOYER'S NAME & ADDRESS: | |
| YOUR TITLE: | | Telephone: | |
| NAME/TITLE OF YOUR SUPERVISOR: | | PRIMARY DUTIES: | |
| REASON FOR LEAVING: | | MONTHLY SALARY: | HOURS WORK/WEEK: |
| FROM: MONTH YEAR | TO: MONTH YEAR | EMPLOYER'S NAME & ADDRESS: | |
| YOUR TITLE: | | Telephone: | |
| NAME/TITLE OF YOUR SUPERVISOR: | | PRIMARY DUTIES: | |
| REASON FOR LEAVING: | | MONTHLY SALARY: | HOURS WORK/WEEK: |

MAY WE CONTACT YOUR PRESENT AND/OR PREVIOUS EMPLOYER(S) AS TO YOUR QUALIFICATIONS? YES NO

I UNDERSTAND THAT MISREPRESENTATION IN MY ANSWERS OR STATEMENTS WILL VOID MY APPLICATION OR, IF EMPLOYED, BE CAUSE FOR DISMISSAL. I AUTHORIZE ALL PRESENT AND PREVIOUS EMPLOYERS TO FURNISH INFORMATION CONCERNING MY CURRENT AND PAST EMPLOYMENT. I UNDERSTAND THAT ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE CITY OF GRAND COULEE AND WILL NOT BE COPIED OR RETURNED. I UNDERSTAND THAT EMPLOYMENT WITH THE CITY OF GRAND COULEE IS AT THE WILL OF BOTH PARTIES AND DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT.

SIGNATURE

DATE