



MySpokane – City Hall
808 W. Spokane Falls Blvd., Spokane, WA 99201
509-625-6250

Date Stamp

Application For Earned Safe and Sick Leave Stakeholder Group

POSITION APPLYING FOR: _____

Applicant's Name: _____

Residence Address: _____

Employer / Organization and Position: _____

Email: _____ Home Phone: _____ Cell Phone: _____

How long have you been a continuous resident of the City of Spokane? _____

Are you registered to vote in the City of Spokane? _____

Have you ever been known by any other name? _____

Describe why you are interested in serving on this stakeholder group: _____

Describe how your specific experience makes you qualified for this particular stakeholder group: _____

UNDERSTANDING OF APPLICATION

I, _____, certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that if selected for a position to serve on a Committee, Board, or Commission, that I will be required to attend a majority of the meetings held.

I understand that if selected for a position to serve, that I will be subject to the City's Code of Ethics set forth in Chapter 1.04 of the Spokane Municipal Code.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

I understand this application authorizes a reference check and hereby authorize any individual, company, or institution with whom I have been associated to furnish the City of Spokane any pertinent information concerning my employability which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information.

NOTE: Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE RETURN A HARD COPY OF THIS FORM TO THE MY SPOKANE SERVICE DESK



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION
(This information is voluntary and in no way affects the outcome of your application.)

POSITION APPLYING FOR: _____

Applicant's Name: _____

Sex: _____ Female _____ Male

Date of Birth: _____

Ethnic Origin (please select one of the following):

_____ **Hispanic / Latino** (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

_____ **White** (having origins in any of the original peoples of Europe, the Middle East, or North Africa)

_____ **Black / African American** (having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian / Other Pacific Islander** (having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ **Asian** (having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

_____ **American Indian / Alaska Native** (having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment)

_____ **Two or More Races** (all persons who identify with more than one of the above)

Veteran Status:

_____ Not a veteran _____ Vietnam-era veteran

_____ Disabled veteran _____ Any other veteran

Disability Status:

_____ Disabled _____ Non-Disabled