

EMPLOYMENT HISTORY: List all experience, paid and voluntary, related to the position for which you are applying. Beginning with your most recent employment first, list all employment experiences within the last ten years.

COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:
ADDRESS:	FROM: ____/____/____	NO. & TYPE OF EMPLOYEES SUPERVISED:
PHONE:	TO: ____/____/____	
SUPERVISOR NAME:	Last Salary: _____	DUTIES AND/OR RESPONSIBILITIES:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:
ADDRESS:	FROM: ____/____/____	NO. & TYPE OF EMPLOYEES SUPERVISED:
PHONE:	TO: ____/____/____	
SUPERVISOR NAME:	Last Salary: _____	DUTIES AND/OR RESPONSIBILITIES:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:
ADDRESS:	FROM: ____/____/____	NO. & TYPE OF EMPLOYEES SUPERVISED:
PHONE:	TO: ____/____/____	
SUPERVISOR NAME:	Last Salary: _____	DUTIES AND/OR RESPONSIBILITIES:
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL INFORMATION: You may include any comments that may show further qualifications for this position or any other information you feel the City should know about you. (Attach additional information, if necessary) _____

AGREEMENT: I understand that any misrepresentation or omission in my application will be justification for termination or refusal of employment. If I am considered as a finalist for appointment, I 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.

Signature _____ This form must be signed (digital signatures are accepted). Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

(This information is voluntary and in no way affects the outcome of your application)

The City of Spokane is an Equal Opportunity Employer. We are required by State and Federal law to maintain certain statistical information on our job applicants and employees. We appreciate your cooperation in answering the questions on this questionnaire. This form will be detached from your application and kept separate and confidential.

Name: _____ Sex: Female Male Date of Birth: _____ / _____ / _____
MM DD YYYY

Position applying for: _____

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

How did you first hear about this job? (Please select one. For statistical purposes only)

- SpokaneCity.org website Job posting at a City location City employee referral
- Prof Journal/ Magazine (name): _____
- Friend/family member: _____
- TV/Radio/Newspaper: _____
- Non-City website: _____
- Other: _____

For Office Use Only: EEO Reviewed: _____

This form is in compliance with and has been approved by the Washington State Human Rights Commission, 01/06.

VETERAN'S PREFERENCE

Eligibility for Veteran's Preference is defined in RCW 73.16.010 as "honorably discharged soldiers, sailors and marines who are veterans of any war of the United States, or of any military campaign for which a campaign ribbon shall have been awarded, and their widows or widowers, shall be preferred for appointment and employment. Age, loss of limb, or other physical impairment, which does not in fact incapacitate, shall not be deemed to disqualify them, provided they possess the capacity necessary to discharge the duties of the position involved, provided, that spouses of honorably discharged veterans who have a service connected permanent and total disability shall also be preferred for appointment and employment."

Are you a military veteran eligible for veteran's preference? Yes No

Are you a widow/widower of a military veteran eligible for veteran's preference? Yes No

Are you a spouse of an eligible military veteran with a service-connected permanent and total disability? Yes No

Applicants claiming veteran's preference eligibility will be required to provide documentation to verify their eligibility.

City of Spokane Human Resources Department
808 West Spokane Falls Boulevard
Spokane, WA 99201-3327

Please use one of these methods for submitting your application:

1. Complete application, insert digital signature and click "Submit".
2. Complete application, click "Print", sign, and mail to: Human Resources Department
808 W. Spokane Falls Blvd.
Spokane, WA 99201-3317
3. Complete application, click "Print", sign, scan, and email to: hr@spokanecity.org.