

SUBMIT A SEPARATE APPLICATION FOR EACH POSITION

You will need Adobe Acrobat 7.0 or greater to fill and submit this form online.

HR Date Stamp

EXEMPT EMPLOYMENT APPLICATION

Human Resources Department • 808 W. Spokane Falls Blvd. • Spokane, WA 99201-3327 (509) 625-6363 • FAX (509) 625-6379 • hr@spokanecity.org • www.spokanecity.org

The City of Spokane is an Equal Opportunity Employer

PLEASE NOTE

Read job posting before filling out application. This application must be completed in full and signed. We will not accept "see resume" in any section of the application. All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned.

APPLICANT INFORMATION

Last Name:	First:		M.I.:
Street Address:	City:	State:	Zip Code:
Home Phone: () Dayt	me Phone: ()	Cell Phone: ()
Email Address:			

PREVIOUS EMPLOYMENT

Have you previously been employed by the City of Spokane?	□ Yes □	□ No □	Dates:		
Answer all of the following by placing "x" in the proper column. If an answer to any question is "yes" explain in detail.					NO
Use separate sheet.					
A. Have you ever been rejected for City employment?					
B. Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?					

RELATIVES WITH THE CITY (Information used for nepotism policy only.)

Relatives employed by the City of Spokane:	
Name:	Relationship:
Department:	
Name:	Relationship:
Department:	

APPLICANT INFORMATION

Circle highest grade completed: 8 9	10 11 12 G.E.D.	College	: 1 2 3 4	4	Grad Wor	k? 🔲 Yes	🗖 No
POST-HIGH SCHOOL EDUCATION NAME AND LOCATION	ACADEMIC MAJOR, SKILL OR TRADE	DAT FROM	TES TO	CREDITS SEM.	EARNED QTR.	DEGREE	YEAR

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:	то:/	
SUPERVISOR NAME:	-	DUTIES AND/OR RESPONSIBILITIES:
REASON FOR LEAVING:	-	
MAY WE CONTACT THIS EMPLOYER: Q Yes Q No	-	
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:
ADDRESS:	FROM://	NO. & TYPE OF EMPLOYEES SUPERVISED:
PHONE:	то:/	
SUPERVISOR NAME:	-	DUTIES AND/OR RESPONSIBILITIES:
REASON FOR LEAVING:	-	
MAY WE CONTACT THIS EMPLOYER: Q Yes Q No	-	
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)	JOB TITLE:
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ADDRESS: PHONE: SUPERVISOR NAME: REASON FOR LEAVING: MAY WE CONTACT THIS EMPLOYER: Yes No COMPANY NAME: ADDRESS: PHONE:	FROM:/ TO:/ TO:/ DATES EMPLOYED (Mo/Day/Yr) FROM:/	NO. & TYPE OF EMPLOYEES SUPERVISED: DUTIES AND/OR RESPONSIBILITIES: JOB TITLE: NO. & TYPE OF EMPLOYEES SUPERVISED:

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 pertinant 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.

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	_/	/	
Position applying for:					22		
 Ethnic origin (please select one of the following): Hispanic / Latino (Cuban, Mexican, Puerto Rican, South or Cer White (having origins in any of the original peoples of Europe, the Black / African American (having origins in any of the black rade Native Hawaiian / Other Pacific Islander (having origins in any Asian (having origins in any of the original peoples of the Far Ear Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and American Indian / Alaska Native (having origins in any of the original peoples of the original peoples of the original peoples of the original peoples of the far Ear Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Two or More Races (all persons who identify with more than one of the original peoples) 	he Middle East, or No cial groups of Africa) of the peoples of H ast, Southeast Asia, Vietnam) rriginal peoples of No	orth Africa) Iawaii, Guam or the Indian	Samoa, or other Pau Subcontinent, includi	cific Islands) ing, for exam	nple, Cambod		
Not a veteran Vietnam-era veteran Disabled veteran Any other veteran Ear Office Use Only: EEO Reviewed:	kaneCity.org website Journal/ Magazine (nd/family member: Radio/Newspaper: -City website:	e 🛛 Jo (name):	job? (Please select b posting at a City loo	cation 🗖 (City employee	e referral	

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? Are you a widow/widower of a military veteran eligible for veteran's preference? 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.