



TEMPORARY SEASONAL EMPLOYMENT APPLICATION

All questions on this form must be answered in complete detail. If a question does not apply to you, write "NA" (Not Applicable).

PLEASE PRINT OR TYPE ALL INFORMATION

P Position Applied For: _____

E Name: _____

Last *First* *M.I.*

R Mailing Address: _____

Number *Street* *City* *State* *Zip*

S Email Address: _____

O Are you over age 18?: Y N Phone: _____ Cell: _____

N

	<u>Name of School</u>	<u>Years Attended</u>	<u>Year Graduated</u>
E	High School: _____		
D	College: _____		
U	Trade School _____		
C	Major: _____	Degree: _____	
A	Other Schools Attended: _____		
T			
I			
O			
N			

S Typing Speed: _____ WPM Shorthand Speed: _____ WPM *(For Clerical Applicants Only)*

K Trade Skills (plumbing, electrical, carpentry, etc.) _____

I _____

L _____

L Heavy Equipment Operated: (tractors, backhoe, etc.) _____

S _____

Answer all of the following by placing an "X" in the proper column.
 If an answer to any question is "YES", explain on the reverse side.

		YES	NO
M	1 Have you worked for the City prior to this time?	<input type="checkbox"/>	<input type="checkbox"/>
I	2 Do you have a relative who works for the City of Spokane? If so, please give that relative's name and the department he/she works in:	<input type="checkbox"/>	<input type="checkbox"/>
S	_____		
C	3 Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?	<input type="checkbox"/>	<input type="checkbox"/>
E			
L			
L			
A			
N			
E			
O			
U			
S			

Beginning with your present position, or more recent employment and working back to school graduation, if necessary, list the last three positions you held.

May inquiries be made of your present employer?

YES NO

EMPLOYMENT HISTORY

1 Employer: _____
 Employer Address: _____ Phone: _____
 Immediate Supervisor: _____
 Job Title: _____
 Dates Worked: _____ Reason for Leaving: _____
 Job Responsibilities: _____

2 Employer: _____
 Employer Address: _____ Phone: _____
 Immediate Supervisor: _____
 Job Title: _____
 Dates Worked: _____ Reason for Leaving: _____
 Job Responsibilities: _____

3 Employer: _____
 Employer Address: _____ Phone: _____
 Immediate Supervisor: _____
 Job Title: _____
 Dates Worked: _____ Reason for Leaving: _____
 Job Responsibilities: _____

4 Employer: _____
 Employer Address: _____ Phone: _____
 Immediate Supervisor: _____
 Job Title: _____
 Dates Worked: _____ Reason for Leaving: _____
 Job Responsibilities: _____

COMMENTS

Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

NOTE: A pre-employment physical and/or drug test may be required depending on the position applying for.

OATH OF APPLICATION

I hereby certify that I have read all of the above questions and statements and fully understand their intent and meaning. I further certify that all responses are true and correct to the best of my knowledge and belief.

I understand and agree that all statements in this application are subject to investigation and verification. I am aware that any false or dishonest answer to any question on this application shall be grounds for dismissal if already appointed.

Signature: _____ Date: _____