



MAIL APPLICATIONS TO:  
City of Spokane  
Parks & Recreation Department  
808 W. Spokane Falls Blvd.  
Spokane, WA 99201-3327  
(509)625-6200



An Equal Opportunity Employer

## 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

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Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Number Street City State Zip

Email Address: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Are you over age 18? Y N If not, date of birth: \_\_\_\_\_

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Name of School Years Attended Year Graduated

High School: \_\_\_\_\_

College: \_\_\_\_\_

Trade School: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Other Schools Attended: \_\_\_\_\_

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Typing speed: \_\_\_\_\_ WPM \_\_\_\_\_ KPM Shorthand Speed: \_\_\_\_\_ WPM (For clerical applicants only)

Trade Skills: \_\_\_\_\_  
\_\_\_\_\_

Heavy Equipment Operated: \_\_\_\_\_  
\_\_\_\_\_

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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

1. Have you worked for the City prior to this time?

☐☐

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: \_\_\_\_\_

☐☐

3. Have you ever been discharged (fired) or resigned (quit) in lieu of  
discharge, except for lay off because of lack of work?

☐☐

**\*\*PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM\*\***

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

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NO

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1. Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_  
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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: \_\_\_\_\_



Corbin Art Center

Supplemental Application

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position(s) Applied for: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

	YES	NO	
Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give State and expiration date: _____
Do you have a CDL?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give State and expiration date: _____
If applicable, do you meet the minimum requirements for this Position?	<input type="checkbox"/>	<input type="checkbox"/>	If no, please explain: _____

**Specialized Work Experience**

What age group do you wish to Instruct? Mark all that apply:

<input type="checkbox"/> Preschool (3-5yrs)	<input type="checkbox"/> Youth (6-11yrs)	<input type="checkbox"/> Youth (9-13yrs)
<input type="checkbox"/> Teen/Adult (14 & Up)	<input type="checkbox"/> Adult (18 & Up)	

List specific areas of interest you are able to instruct (skills, hobbies, interests, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List skills and experience you Have that may qualify you for this position. (Arts & Crafts, Drama & Music, Other): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List high school and college extra-curricular activities: \_\_\_\_\_  
\_\_\_\_\_

List special training, workshops, and certifications that may qualify you for this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What hours are you available to work:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

What dates are you available to work (summer break, year round, etc):

\_\_\_\_\_

Email completed application to [sniemeier@spokanecity.org](mailto:sniemeier@spokanecity.org)