



**CITY OF EVERSON**  
 PO BOX 315, 111 W. MAIN ST  
 EVERSON, WA 98247  
 P 360.966.3411 ▪ F 360.966.3466

# APPLICATION FOR EMPLOYMENT

Type of Employment:  Full Time  Part Time

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_  Summer  Temporary

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Physical Address: (Street, City, State, Zip Code) \_\_\_\_\_

Mailing Address: (Street, City, State, Zip Code) \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been employed by the City of Everson?  Yes  No

If yes, Department: \_\_\_\_\_

Do you have any relative(s) employed by the City of Everson?  Yes  No

If yes, Name and Relationship: \_\_\_\_\_

Do you have a valid Washington State driver's license?  Yes  No

Do you have a valid Commercial driver's license?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Are you legally entitled to work in the United States?  Yes  No

If yes, describe conditions. Convictions will not necessarily disqualify you from employment.

## EDUCATION

High School and address: \_\_\_\_\_ GED or Diploma  Yes  No

Community College/University: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

List any vocational or on-the-job training you have completed which would be useful in the position you are applying for: \_\_\_\_\_

List any licenses/certifications you hold which are necessary or useful in the position. List issuing state and expiration date. \_\_\_\_\_

<b>AFFIRMATIVE ACTION:</b> It is the policy of the City of Everson to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, creed, national origin, sex, age, marital status, sexual orientation or presence of any mental or physical disability.			
After reviewing the essential functions from the job description, are you able to perform with or without reasonable accommodations?	<b>Yes</b>	If testing is required, will you need an accommodation for the testing process?	<b>Yes</b>
	<b>No</b>		<b>No</b>

**EMPLOYMENT HISTORY: (List present or most recent positions first)**

Name and Address of Employer Phone Number From(Mo/Yr) To(Mo/Yr)

Name of Immediate Supervisor Monthly Salary Avg. Hrs/Wk. Your Position

Duties

Reason for Leaving:

Name and Address of Employer Phone Number From(Mo/Yr) To(Mo/Yr)

Name of Immediate Supervisor Monthly Salary Avg. Hrs/Wk. Your Position

Duties

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Name of Immediate Supervisor Monthly Salary Avg. Hrs/Wk. Your Position

Duties

Reason for Leaving:

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes No

**PLEASE READ CAREFULLY**

I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in dismissal. I authorize the City to make an investigation of any of the facts set forth in this application and release the City of Everson from any liability. Furthermore, I understand that a pre-employment Drug and Alcohol Test will be administered prior to my being hired.

Signature of Applicant

Date