

113 Lakeshore Drive
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Pateros, WA 98846



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EMPLOYMENT APPLICATION

The City of Pateros is an Equal Opportunity Employer. The City of Pateros provides reasonable accommodation for its employees and the public with disabilities.

An incomplete or unsigned application may disqualify you. Do not use pencil to complete the application.

PERSONAL:

Position	Department	Date	
Name: Last	First	Middle	
Street Address	Home Phone		
Mailing Address (if different)			
City	State	Zip	Daytime Phone

Are at least 18 years old? Yes No If not, please specify your age _____

Do you have a valid WA Driver's License? Yes No

EDUCATION:

High School	City, State	Major	Degree/Certificate
College/University/Vocational	City, State	Major	Degree/Certificate

Other Courses and Training: _____

SKILLS:

Describe your skills, knowledge & abilities that qualify you for this position:

Please list certifications, licenses, professional affiliations and volunteer experience that pertain to this position.

Please list any software packages in which you are proficient.

REFERENCES:

Please list work and character references (do not list relatives)

Name	Relationship	Work/Home Phone including area code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

WORK HISTORY: Beginning with your present or most recent employment, list your work history for the last 10 years, and any experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Explain all gaps in employment.

Employer's Name _____	From _____	To _____
Address _____	State _____	Zip _____
Supervisor _____	Phone _____	
Position _____	Hours Worked _____	
Reason for leaving _____	May we contact this employer? _____	
Primary Duties _____		

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Employer's Name _____	From _____	To _____
Address _____	State _____	Zip _____
Supervisor _____	Phone _____	
Position _____	Hours Worked _____	
Reason for leaving _____	May we contact this employer? _____	
Primary Duties _____		

Employer's Name _____ From _____ To _____
 Address _____ State _____ Zip _____
 Supervisor _____ Phone _____
 Position _____ Hours Worked _____
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Employer's Name _____ From _____ To _____
 Address _____ State _____ Zip _____
 Supervisor _____ Phone _____
 Position _____ Hours Worked _____
 Reason for leaving _____ May we contact this employer? _____
 Primary Duties _____

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I understand that if employed, I am employed AT WILL and that no contract between myself and this Employer is created by my completion of this application, my receiving employment, my continued employment or my receiving benefit of employment of any type, unless provided by collective bargaining agreement. No promises of any form or nature have been made to me, no guarantee of any length of employment is or shall be binding on this Employer, unless in writing. I reserve the right to terminate my employment at any time and the Employer has the same right at any time. I authorize the City of Pateros to make inquiries of my references, prior and current employers (except as noted), and educational institutions regarding my qualifications, work records, habits, and performance while in their employ or at school. I release said parties from all liability for any damages, which might result from providing such information.

Signature _____ Date _____

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