



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

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

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.

AFFIRMATIVE ACTION: 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? Yes No If testing is required, will you need an accommodation for the testing process? Yes No

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 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 Avg. Hrs/Wk. Your Position

Duties

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

Name of Immediate Supervisor 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