



City of Asotin

www.cityofasotin.org

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT- ANSWER ALL QUESTIONS- USE INK ONLY

Position Title _____

Date _____

Email _____

Name _____

Last

First

Middle

Physical Address _____

Apt #

City

State

Zip

Mailing Address _____

Apt #

City

State

Zip

Phone Number _____ / _____ / _____

Home

Work

Cell

GENERAL INFORMATION

Are you under 18 years old? Yes ____ No ____

Are you now or have you ever been employed by the City? Yes ____ No ____

If yes, which department(s) _____ Dates of Employment _____

Do you have relatives employed by the City? Yes ____ No ____

If yes, please provide name and department _____

Do you have or can you obtain, a valid Washington Driver's License? Yes ____ No ____

Do you have a Commercial Driver's License? Yes ____ No ____

If offered a position would your visa or immigration status prevent you from being lawfully employed?

Yes ____ No ____

EMPLOYMENT HISTORY

Starting with your present or last job and work back. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. While Resumes' and Cover Letters are encouraged, they are not accepted in lieu of completing this application.

Name and Address of Previous Employer	From	To	Hours Per Week	Number of Employees Supervised	Reason for Leaving	Name of Supervisor
	Your Job Title: _____ Your Duties: _____ _____ _____ _____					
May we contact this employer? Yes___ No___						
Phone:						

Name and Address of Previous Employer	From	To	Hours Per Week	Number of Employees Supervised	Reason for Leaving	Name of Supervisor
	Your Job Title: _____ Your Duties: _____ _____ _____ _____					
May we contact this employer? Yes___ No___						
Phone:						

Name and Address of Previous Employer	From	To	Hours Per Week	Number of Employees Supervised	Reason for Leaving	Name of Supervisor
	Your Job Title: _____ Your Duties: _____ _____ _____ _____					
May we contact this employer? Yes___ No___						
Phone:						

Name and Address of Previous Employer	From	To	Hours Per Week	Number of Employees Supervised	Reason for Leaving	Name of Supervisor
	Your Job Title: _____ Your Duties: _____ _____ _____ _____ _____					
May we contact this employer? Yes ___ No ___						
Phone: _____						

Did you graduate from high school or receive a GED certificate Yes _____ No _____

Name/Location of High School _____

EDUCATION AND TRAINING

Name of College / University / Vocational	Major	Dates Attended	Degree / Diploma

Indicate any other trades, skills, or licenses you possess related to the position for which you are applying. Include license state and expiration date. _____

Signature is Required

To the best of my knowledge, the information herein is true and complete. I have read the Position Job Announcement and I can perform the essential functions of the position for which I am applying, with or without a reasonable accommodation. I understand that if I receive a Conditional offer of Employment for a position, the City will complete a thorough background check. I understand the City retains the discretion to ask about an individual's conviction history later in the hiring process, such as during the conditional-offer phase. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License. I authorize investigation of all statements in this application. I understand that providing false information or a material omission on this application is grounds for disqualification and/or dismissal. I understand that nothing in this application or my communications with any City officials is intended to create an employment contract between the City and me.

Signature: _____ **Date:** _____

Name (Print): _____