Employment Application

CITY OF OKANOGAN APPLICATION FOR EMPLOYMENT

The City of Okanogan is an equal opportunity employer. The City of Okanogan does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date_____

Address _____

E-mail Address _____

Phone # _____ Alternate Phone # _____

Are you eligible to work in the U.S? ◯ Yes ◯ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)

◯ Yes ◯ No

Have you ever been terminated from employment or asked to resign by an employer?

◯ Yes ◯ No

If yes, please provide company names and details _____

Can you work any shift? ◯ Yes ◯ No If no, explain: _____

Can you work overtime, including weekends? ◯ Yes ◯ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ◯ Yes ◯ No

EMPLOYMENT DESIRED

Date you can start _____Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? ◯ Walk In ◯ Advertisement ◯ Referral ◯ Other

Have you ever worked for the City before? ◯ Yes ◯ No

Do you know anyone who works for our company? ◯ Yes ◯ No

If yes, who? _____

EDUCATION	**Name and location of school**	**Degree Received**	**Subjects studied/Major**
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	

Reason for leaving			
From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

_____

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for City of Okanogan to hire me.

I attest with my signature below that I have given to City of Okanogan true and complete information on this application. No requested information has been concealed. I authorize City of Okanogan to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____