



P.O. Box 519  
301 Yakima Street, 3rd Floor  
Wenatchee, WA 98807-0519  
(509) 888-3603 fax (509) 888-3636

## APPLICATION FOR EMPLOYMENT

The City of Wenatchee is proud to be an equal opportunity employer. Our objective is to provide equal opportunity in all terms, conditions, and privileges of employment for qualified applicants and employees without regard to race, creed, color, religion, national origin, sexual orientation, gender, gender identity, age, marital status, disability, veteran or military status, or any other characteristic protected by law.

NAME \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_  
Street Apt. #

City State Zip

PHONE \_\_\_\_\_  
Include Area Code Home Work Cell

EMAIL \_\_\_\_\_

List specific position/title applying for \_\_\_\_\_

Date available for work \_\_\_\_\_ Will accept: Regular Full-time  Yes  No  
Regular Part-time  Yes  No  
Temporary  Yes  No

Have you filed an application or been employed here before?  Yes  No Date(s) \_\_\_\_\_

Are you able to provide proof of your eligibility to work in the U.S. if offered employment?  Yes  No

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

LIC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you able to perform the primary duties of the job as outlined in the job description?  Yes  No

If no, please explain: \_\_\_\_\_

*(No applicant will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the primary job duties.)*

## EDUCATION AND FORMAL TRAINING

### HIGH SCHOOL

Do you have a high school diploma or GED?

Yes  No

### COLLEGE OR UNIVERSITY

Please list names of educational institutions you attended which are relevant to the position you are seeking.

<u>NAME</u>	<u>LOCATION</u>	<u>DEGREE OR COURSE OF STUDY</u>	<u>DATE ATTENDED</u>
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### SPECIALIZED TRAINING

<u>NAME</u>	<u>LOCATION</u>	<u>COURSE OF STUDY</u>	<u>DATE ATTENDED</u>
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List any skills you possess or machines you can operate that qualify you for the position:

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List any special licenses, registrations or training, including seminars and workshops, which qualify you for the position:

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# EMPLOYMENT HISTORY

Begin with your current or most recent job and list your employment experience. Include military service and any volunteer work which has provided you experience that qualify you for this position. Use additional sheets if necessary.

PLEASE NOTE: Information obtained from previous employers and/or references is confidential.

EMPLOYED		ORGANIZATION NAME:	ADDRESS/CITY/STATE/ZIP:	
FROM				
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:	PHONE: Include Area code	
TO				
MONTH	YEAR	POSITION(S) HELD:	REASON FOR LEAVING:	
TO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY DUTIES:

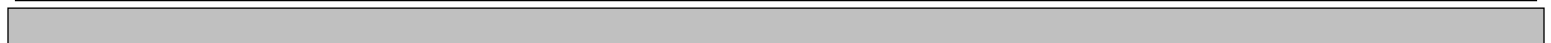
EMPLOYED		ORGANIZATION NAME:	ADDRESS/CITY/STATE/ZIP:	
FROM				
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:	PHONE: Include Area code	
TO				
MONTH	YEAR	POSITION(S) HELD:	REASON FOR LEAVING:	
TO		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY DUTIES:



EMPLOYED		ORGANIZATION NAME:	ADDRESS/CITY/STATE/ZIP:	
FROM				
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:	PHONE: Include Area code	
TO				
MONTH	YEAR	POSITION(S) HELD:	REASON FOR LEAVING:	
MONTH	YEAR	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY DUTIES:



EMPLOYED		ORGANIZATION NAME:	ADDRESS/CITY/STATE/ZIP:	
FROM				
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:	PHONE: Include Area code	
TO				
MONTH	YEAR	POSITION(S) HELD:	REASON FOR LEAVING:	
MONTH	YEAR	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIMARY DUTIES:

## ADDITIONAL INFORMATION

Please provide any additional information which may more fully describe your qualifications and capabilities. This space may be used to continue descriptions of your education or experience.

### PLEASE READ CAREFULLY BEFORE SIGNING

I confirm the information I have provided in my application is true, complete and accurate. I understand that any information I provide (or fail to provide) that is found to be false, incomplete or contains a misrepresentation in any respect will be sufficient cause to (i) cancel further consideration of this application or (ii) subject me to discipline, up to and including termination, if I am hired.

I expressly authorize, without reservation, the City of Wenatchee, its representatives, employees or agents to contact and obtain information from all current/previous employers and references and to verify the accuracy of information provided by me in this application. I hereby waive all rights and claims I may have regarding the City of Wenatchee or its representatives for seeking, gathering and using such information in the employment process and all other persons or organizations for furnishing information about me.

I have read, fully understand and accept all terms listed above. I also understand that if my application is not signed, it is not complete and I may be disqualified from being considered for this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date