



ELECTRIC CITY

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

DATE: _____

Personal Information

NAME:

Last

First

Middle

PRESENT ADDRESS:

Street

City

State

Zip

PERMANET ADDRESS :

Street

City

State

Zip

MAILING ADDRESS:

P.O. Box

City

State

Zip

PHONE NUMBER:

Home

Cell

ARE YOU 18 YEARS OR

OLDER? Yes ___ No ___

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes ___ No ___

EMPLOYMENT DESIRED

Position Desired: _____ Date you can Start: _____ Salary Desired: _____

Are you employed now? _____ If so may we contact your employer? _____

Have you ever worked for the City of Electric City? _____ Position: _____ Date: _____

Referred by: _____

EDUCATION

EDUCATION	Name and Location of School	NO. of year attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence				

GENERAL

Subjects of Special Study or Research Work: _____

Special Skills: _____

Activities: (Civic, Athletic, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OR ORIGIN OF ITS MEMBERS.

U.S. MILITARY SERVICE, NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS**(List Below Last Three Employers, Starting with Last One First).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: (Give the names of three persons not related to you, whom you have known at least one year).

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

In case of Emergency Notify _____
Name Address Phone No.

***NOTE: PLEASE SUBMIT YOUR RESUME ALONG WITH APPLICATION FORM TO:
THE CITY OF ELECTRIC CITY, PO BOX 130, ELECTRIC CITY, WA 99123
UPON HIRING A BACKGROUND CHECK MAY BE REQUIRED.**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my pervious employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

*Signature of Applicant*_____
*Date***Do Not Write Below This Line**

INTERVIEWD BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: Yes No POSITION: _____ DEPT.: _____ SALARY/WAGE: _____

DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPT. HEAD MAYOR