CITY OF COLVILLE
170 SOUTH OAK
COLVILLE, WA 99114
(509)684-5094
hpannell@colville.wa.us

APPLICATION FOR EMPLOYMENT

The City of Colville is committed to providing equal employment opportunities. All qualified persons will be considered for employment regardless of race, religion, color, national origin, age, sex, marital status, sexual orientation, ancestry, sensory, mental or physical disability; or veteran status. In addition, we are committed to recruiting and maintaining a quality workforce.

NAME _____ _____ _____
Last First M.I.

MAILING ADDRESS _____ _____
Street Apt. #

_____ _____ _____
City State Zip

PHONE
Include Area Code _____ _____ _____
Home Work Cell

EMAIL ADDRESS _____

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) _____

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

LIC # _____ Expiration Date _____

Have you ever been convicted of a felony or released from prison? ☐ Yes ☐ No

(A conviction record will not necessarily bar you from employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

The City will require a Criminal Background Check for the successful applicant. Would you have an objection to this report? ☐ Yes ☐ No

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.)

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EDUCATION AND FORMAL TRAINING

HIGH SCHOOL

Do you have a high school diploma or GED certificate? ☐ Yes ☐ No

COLLEGE OR UNIVERSITY

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

NAME	LOCATION	DEGREE OR COURSE OF STUDY	DATE ATTENDED

SPECIALIZED TRAINING

NAME	LOCATION	COURSE OF STUDY	DATE ATTENDED

List any skills you possess or machines you can operate that would help you qualify for the position(s):

List any special licenses, registrations or training, including seminars and workshops, which would help you qualify for the position(s):

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 would help you qualify for this work. Use additional sheets if necessary.

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

EMPLOYED		FIRM NAME:		ADDRESS/CITY/STATE/ZIP:	
FROM					
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:		PHONE: Include Area code	
TO		POSITION(S) HELD:		REASON FOR LEAVING:	
MONTH	YEAR				
		SALARY:	MAY WE CONTACT THIS EMPLOYER?	Yes	No

PRIMARY DUTIES:

EMPLOYED		FIRM NAME:		ADDRESS/CITY/STATE/ZIP:	
FROM					
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:		PHONE: Include Area code	
TO		POSITION(S) HELD:		REASON FOR LEAVING:	
MONTH	YEAR				
		SALARY:	MAY WE CONTACT THIS EMPLOYER?	Yes	No

PRIMARY DUTIES:

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EMPLOYED		FIRM NAME:		ADDRESS/CITY/STATE/ZIP:		
FROM						
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:			PHONE: Include Area code	
TO		POSITION(S) HELD:		REASON FOR LEAVING:		
MONTH	YEAR					
		SALARY:	MAY WE CONTACT THIS EMPLOYER?		Yes	No

PRIMARY DUTIES:

EMPLOYED		FIRM NAME:		ADDRESS/CITY/STATE/ZIP:		
FROM						
MONTH	YEAR	IMMEDIATE SUPERVISOR'S NAME AND TITLE:			PHONE: Include Area code	
TO		POSITION(S) HELD:		REASON FOR LEAVING:		
MONTH	YEAR					
		SALARY:	MAY WE CONTACT THIS EMPLOYER?		Yes	No

PRIMARY DUTIES:

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VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

*Responses will be kept confidential and retained separately from your application, and will **not** be used in evaluating your application.*

The City of Colville is committed to non-discrimination in employment. To assist in this effort, we ask your voluntary cooperation in responding to the questions below. The data collected will be used for statistical and affirmative action purposes only.

1. **Are you** ☐ Male ☐ Female

2. **Ethnicity:** Are you Hispanic or Latino (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race)? ☐ Yes ☐ No

3. **Race:** (not Hispanic or Latino)

☐ *African American/Black:* A person having origins in any of the black racial groups of Africa.

☐ *American Indian/Alaska Native:* A person having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

☐ *Asian:* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, the Philippine Islands, and Vietnam.

☐ *Native Hawaiian or Other Pacific Islander:* A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ *White/Caucasian:* A person having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

☐ *Two or more races:* A person who identifies with more than one of the five races listed above.

☐ If you select this option, please indicate a primary race: _____

4. **Have you ever been on active duty in the U.S. Military Services?** ☐ Yes ☐ No

ADDITIONAL INFORMATION

Please give 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 that all information I have provided in my application materials is true, complete, and correct. I also confirm that I have not omitted any information called for by this application. 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 Colville, its representatives, employees, or agents to contact and obtain information from all current/previous employers and references and to verify the accuracy of all information provided by me in this application. I hereby waive all rights and claims I may have regarding The City of Colville 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 of the above Applicant Statement. 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** _____

Last revised 2/2016

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