

WHITE SALMON City Hall
PO Box 2139
100 N. Main Street
White Salmon, WA 98672
Phone: (509) 493-1133
Fax: (509) 493-1231



**CITY OF WHITE SALMON
 EMPLOYMENT APPLICATION**

Job Applied For	Date of Application	
Name (Last, First, MI)	Home Phone	Work Phone
Mailing Address	Message phone, if different	Social Security Number
	Driver License Number	
City, State, Zip Code	Date you could report for work	

EDUCATION AND FORMAL TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA? YES NO GED CERTIFICATE? YES NO

Name and Location of School	Major	Graduated?	Degree
		<input type="checkbox"/> YES _____ <input type="checkbox"/> NO Year	
		<input type="checkbox"/> YES _____ <input type="checkbox"/> NO Year	
		<input type="checkbox"/> YES _____ <input type="checkbox"/> NO Year	

ADDITIONAL TRAINING

Please list any additional training (i.e., schools, workshops, courses, seminars, conferences, etc.) which you feel is applicable to the requirements of the position for which you are applying. Attach additional sheet(s) if necessary.

Training Event	Summary of Content

EMPLOYMENT HISTORY

Include all jobs held, whether or not directly related to this position. List each job separately, even if in the same organization. Attach additional sheets if necessary, providing the same information in the same format and number each job.

[JOB 1] Current or Last Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

[JOB 2] Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

[JOB 3] Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

[JOB 4] Employer		Address	
Your Title		Kind of Business	
Supervisor's Name		Supervisor's telephone number	
Total time in current or last position	From (Month/Year)	To (Month/Year)	Average number of hours worked per week
Number of employees supervised	Gross monthly salary	Reason for leaving	
Major duties (be specific)			

**PERSONAL REFERENCE
(NOT FORMER EMPLOYERS OR RELATIVES)**

Name	Address	Phone Number

THE CITY OF WHITE SALMON IS AN EQUAL OPPORTUNITY EMPLOYER

You must be able to perform the duties of the position you are applying for with or without reasonable accommodation. Certain positions may require pre-employment drug screening.

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by City of White Salmon at the time of hire or no later than three business days after the date of hire.

The City of White Salmon makes it a practice to contact current and previous employers. Please indicate below by Job Number which employers, if any, you do not wish us to contact:

YOU MUST SIGN AND DATE BELOW(Page #6). APPLICATIONS THAT ARE INCOMPLETE OR NOT SIGNED WILL NOT BE ACCEPTED.

