



**OFFICE SKILLS:** (Write number of years of experience in space next to each skill)

Computer: \_\_\_\_\_ 10 key calculator \_\_\_\_\_ Typing speed: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

**COMPUTER SKILLS**

Describe your computer skills, including programs used:

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**EQUIPMENT SKILLS**

Describe your equipment operation skills related to the job for which you are applying:

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**LICENSES AND CERTIFICATES:** (description, issued by and expiration date)

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**EDUCATION AND TRAINING**

High School graduate or general education development test passed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Colleges, vocational or technical schools, training centers: (List name of school, degree/certification earned and date of completion)

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**EMPLOYMENT AND SALARY HISTORY (Begin with most recent employer)**

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Salary: \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Salary: \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_/\_\_/\_\_\_\_ Monthly Salary: \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_/\_\_/\_\_\_\_ Monthly Salary: \_\_\_\_\_

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**CONVICTION(S)**

Have you ever been convicted of a felony or served time in prison during the last seven years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain each conviction on an attached sheet and include the date, charge, place and action taken.

**REFERENCES:** List below the names of three (3) persons not related to you, who have known you at least one (1) year

Name	Phone	Relationship	Yrs Known
1: _____			
2: _____			
3: _____			

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the city of Kettle Falls to verify their accuracy and to obtain reference information on my work performance. I hereby release the city of Kettle Falls from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF KETTLE FALLS**

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT PERSONNEL RECORDS**

**DOCUMENT REQUESTED BY THE CITY OF KETTLE FALLS:**

- Employment Records
- Medical
- Personal Information
- Financial Information

Name of Applicant: \_\_\_\_\_

Maiden or Other Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN #: \_\_\_\_\_

Application for Position of: \_\_\_\_\_

To Whom It May Concern:

I respectfully request and authorize you to furnish to the City of Kettle Falls any employment, medical, physical and mental records or reports in your possession, including all information of a disciplinary, confidential or privileged nature (or Photostats of same). This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Kettle Falls.

I hereby release to you, your agent(s) and your organization from any liability or damage which may result from furnishing the information requested above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Note: This form may be retained in your files.*