



**CITY OF COLVILLE  
EMPLOYMENT APPLICATION**

Please return to:  
City Clerk/Human Resources  
170 S. Oak  
Colville, WA 99114  
(509) 684-5094

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

An incomplete application may disqualify you. **PLEASE PRINT DO NOT TYPE.** Do not use pencil.

POSITION(S) APPLIED FOR		DATE OF APPLICATION
HOW DID YOU LEARN ABOUT US?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Web site	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS	CITY	STATE/ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE/ZIP CODE
HOME TELEPHONE NUMBER	DAYTIME TELEPHONE NUMBER	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

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

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you ever been convicted of a felony?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	NAME OF SCHOOL	CITY/STATE	MAJOR	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL					
COLLEGE/ VOCATIONAL SCHOOL					
COLLEGE/ VOCATIONAL SCHOOL					
OTHER/ SPECIFY					

DESCRIBE ANY SPECIALIZED SKILLS, KNOWLEDGE & TRAINING THAT HELPS QUALIFY YOU FOR THIS POSITION.


# Additional Information

PLEASE LIST LICENSES, PROFESSIONAL AFFILIATIONS AND VOLUNTEER EXPERIENCE THAT PERTAIN TO THIS POSITION.


PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.


# References

PLEASE LIST WORK AND CHARACTER REFERENCES (DO NOT LIST RELATIVES)

	NAME	RELATIONSHIP	ADDRESS	WORK/HOME PHONE including area code
1.				
2.				
3.				

# Employment Experience

Beginning with your present or most recent employment, please list your work history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. COMPLETE THE FOLLOWING SECTIONS EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. Please explain all breaks in employment.

EMPLOYER'S NAME		DATES EMPLOYED : FROM:		: TO
ADDRESS			TELEPHONE	
POSITION/TITLE	SUPERVISOR	STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING				
PRIMARY DUTIES				
EMPLOYER'S NAME		DATES EMPLOYED : FROM:		: TO
ADDRESS			TELEPHONE	
POSITION/TITLE	SUPERVISOR	STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING				
PRIMARY DUTIES				
EMPLOYER'S NAME		DATES EMPLOYED : FROM:		: TO
ADDRESS			TELEPHONE	
POSITION/TITLE	SUPERVISOR	STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING				
PRIMARY DUTIES				
EMPLOYER'S NAME		DATES EMPLOYED : FROM:		: TO
ADDRESS			TELEPHONE	
POSITION/TITLE	SUPERVISOR	STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING				
PRIMARY DUTIES				
EMPLOYER'S NAME		DATES EMPLOYED : FROM:		: TO
ADDRESS			TELEPHONE	
POSITION/TITLE	SUPERVISOR	STARTING SALARY	ENDING SALARY	
REASON FOR LEAVING				
PRIMARY DUTIES				

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the City of Colville to make inquiries of my references, prior and current employers (except as noted), and educational institutions regarding my qualifications, work records, habits, and performance while in their employ or at school. I release said parties from all liability for any damages which might result from providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

---

Signature of Applicant

---

Date

---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES

NO