

Employment Application DEPUTY CLERK

Must be returned to Omak City Hall by 4:00 PM, Thursday, January 6, 2022.

Name	Work Phone	Fax	
Mailing Address	Home Phone	e Cell Phone	
City, State, Zip	E-mail		
Education: Please include all college and unive	ersity attendance and other relevant education.	Attach additional information if ap	plicable
Institution Degree/Date	Location	Major	
	Location	Major Major Major	

Employment History: Beginning with current employer, and working back ten years, please list:

NAME & ADDRESS OF EMPLOYER:	
Type of business:	Phone No.:
Dates of employment: From:	To:
Full-time Part-tin	me Voluntary
Duties:	
Name of supervisor:	
Reason for leaving:	
NAME & ADDRESS OF EMPLOYER:	
Type of business:	Phone No.:
Dates of employment: From:	To:
Full-time Part-ti	me Voluntary
Duties:	
Name of supervisor:	
Reason for leaving:	

Employment History continued:

NAME & ADDRESS OF EMPLOYER:	
Type of business:	Phone No.:
Dates of employment: From:	To:
Full-time Part-tin	ne Voluntary
Duties:	
Name of supervisor:	
Reason for leaving:	
NAME & ADDRESS OF EMPLOYER:	
Type of business:	Phone No.:
Dates of employment: From:	
Full-time Part-tin	me Voluntary
Title: Duties:	
Name of supervisor:	
Reason for leaving:	

NAME & ADDRESS OF EMPLOYER:	
Type of business:	Phone No.:
Dates of employment: From:	To:
Full-time Part-time	Voluntary
Title: Duties:	
Name of supervisor:	
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Reason for leaving: f additional space is needed, please continue ave you been arrested or convicted of a criminal offense	e on a plain piece of paper.
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•	e on a plain piece of paper. se (excluding minor traffic offenses)? If yes, please ontact unless you are a finalist?

Please submit a personal resume along with this application.

I certify that all statements on my application and other materials are true to the best of my knowledge. I understand that falsification or omission of information relevant to employment or failure to fully complete the application form may disqualify my application. I agree and give my consent that if I am a semifinalist that any person, firm or organization listed herein is authorized to furnish the City of Omak with reference material concerning my character, past employment or any other information requested. I understand and agree that the hiring agency or its agents retains the right to determine the fitness and adaptability of applicants for employment.

Signature:	
Date:	

References: Please list six references including supervisors, employees, and peers:

Name	Relationship	Reference Contact Phone Number

RETURN APPLICATION BY January 6th, 2022, TO: CITY OF OMAK

ATTN: Connie Thomas, City Clerk P.O. BOX 72 2 NORTH ASH

OMAK, WA 98841