

Application

APPLICATION WITH ATTACHED PERSONAL RESUME

Personal Profile: (plea	se print)			
Name				
Mailing Address		Home Phone	Cell Phone	
City, State, Zip		E-mail		
Education: Please include all college and applicable.	university attendance a	nd other relevant educa	tion. Attach additio	nal information if
Institution	Location		Major	Degree/Date
Institution	Location		Major	Degree/Date
	Location		 Major	Degree/Date

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	-time 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	-time Voluntary
Title: Duties:	
Name of supervisor:	

NAME & ADDRESS OF EMPLOYER:				
Type of business:	Phone No			
Dates of employment: From: _	To:			
Full-time	Part-time Voluntary			
Name of supervisor:				
Reason for leaving:				
NAME & ADDRESS OF EMPLO	YER:			
Type of business:	Phone No			
Dates of employment: From: _	To:			
Full-time	Part-time Voluntary			
Duties:				
Name of supervisor:				
Reason for leaving:				

If additional space is needed, please continue on plain paper.

Availability:			
Is there a current employer that you do n	not wish us to contact unless yo	ou are a finalist?	
YES Employer:		NO	
How would you like us to contact you?			
I certify that all statements on my appunderstand that falsification or omission application form may disqualify my application, firm or organization listed here concerning my character, past employmenting agency or its agents retains the employment.	n of information relevant to en lication. I agree and give my o ein is authorized to furnish t ent or any other information r	nployment or failure to fully comple consent that if I am a semifinalist th he City of Omak with reference m equested. I understand and agree th	ete the at any ateria nat the
Signature:	Date:		
References: Please list six references inc	cluding supervisors, employee	s, and peers:	

Name	Relationship	Reference Contact Phone Number

RETURN APPLICATION AND RESUME BY 4:00 PM, MARCH 6, 2023

City of Omak Connie Thomas, City Clerk P.O. Box 72 2 N. Ash street

Omak, WA 98841 email: <u>clerk@omakcity.com</u> phone: 509-826-1170