



CITY OF TENINO

APPLICATION FOR EMPLOYMENT

149 Hodgden Street South
P O Box 4019
Tenino, WA 98589
(360) 264-2368

Position Applied For: _____ Department _____

Name: _____
Last
First
Middle

Address _____
Street / P O Box
City
State
Zip

Home or Message Phone: _____ Email: _____

Are you legally eligible for employment in the USA? Yes No (If yes, verification will be required)

Are you of the legal age to work? Yes No

RECORD OF EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED 13 14 15 16 17 18 18+

Type of School	School and Location	Course of Study	Degree
High School or GED			
Business or Technical			
Undergraduate Studies			
Graduate Studies			
Other Courses and Training			

List any special licenses or certificates you hold which are necessary, useful or required in this position. Give kind of license, issuing state and expiration date.

Were you in the US Armed Forces? Yes No If yes, what branch? _____

What was your occupational specialty? _____

REFERENCES

Below, give names of three persons you are not related to, whom you have known at least one year.

Name	Relationship	Years Acquainted	Daytime Telephone

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet.

Title of Position	From Mo Yr	To Mo Yr	Starting Salary	Last Salary	Hrs/ Week	Reason for Leaving	Name of Supervisor
Name and Address of Company and Type of Business		Describe the work you did:					
Phone #:							

Title of Position	From Mo Yr	To Mo Yr	Weekly Starting Salary	Weekly Last Salary	Hrs. Per Week	Reason for Leaving	Name of Supervisor
Name and Address of Company and Type of Business		Describe the work you did:					
Phone #:							

Title of Position	From Mo Yr	To Mo Yr	Weekly Starting Salary	Weekly Last Salary	Hrs. Per Week	Reason for Leaving	Name of Supervisor
Name and Address of Company and Type of Business		Describe the work you did:					
Phone #:							

Title of Position	From Mo Yr	To Mo Yr	Weekly Starting Salary	Weekly Last Salary	Hrs. Per Week	Reason for Leaving	Name of Supervisor
Name and Address of Company and Type of Business		Describe the work you did:					
Phone #:							

In compliance with federal and state laws and equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, creed, color, national origin, sex, disability, sexual orientation, or age.

I understand that all appointments are probationary for a period of twelve (12) months, during which time the employee must demonstrate fitness to continue employment and that any appointment will be contingent upon the results of a complete character and background investigation. I understand that misrepresentation in any of my answers or statements will result in cancellation of my application, or, if employed, will be cause for dismissal. I agree to these conditions, and I hereby certify that all the statements made by me on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

The City of Tenino is a smoke-free/drug-free work environment