



CITY OF MATTAWA

Employment Application

It is important that you read the guidance notes before completing this application form. Please complete this form fully using **black ink or typed**. Applications received after the closing date will not be considered.

Closing Date: _____

Interview Date _____

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section I Applicant Information

Last Name: First Name:

Date of Birth:

Address:
Mailing:

Position Applying for: Salary Desired:

Driver License N°:

Social Security N°:

Home Telephone N°:

Mobile Telephone N°:

E-mail address:

Are you currently employed with the City of Mattawa? Yes ☐ No ☐

Have you ever been employed with the City of Mattawa? Yes ☐ No ☐

Do you have a relative employed with City of Mattawa? Yes ☐ No ☐

Are you currently eligible for employment in the United States? Yes ☐ No ☐

Do you hold a valid Washington State Driver License? Yes ☐ No ☐

Are you available to work nights and weekends if necessary?

Yes☐

No☐

Have you ever been convicted of a felony?

Yes☐

No☐

Section II

Present Employment

Present Employment (If currently unemployed give details of latest employer)

Name of Employer:

Address:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

Section III

Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector.

Name of Employer:

Address:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Position Held:

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section IV

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Section V

Training & Development

Please give details of any training and development courses or non-qualification courses which support your application. Include any on-the-job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details:

Professional / Technical / Management Qualifications	Course Details
Membership of any Professional / Technical Associations - Please state level of Membership:	

Continue on a separate sheet if necessary

Section VI

Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section VII

References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Occupation:	<input type="text"/>	Occupation:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Years Known:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone Nº:	<input type="text"/>	Telephone Nº:	<input type="text"/>

Reference 3

Name:

Occupation:

Relationship:

Years Known:

Address:

Telephone:

Applicant's Statement

I certify that all responses given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause of denial or employment or immediate termination of employment, regardless of when or how discovered.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature

Date

----- RETURNING THIS FORM:-----

By Mail:

City of Mattawa
521 Government Rd
P.O Box 965
Mattawa WA 99349

By E-Mail:

Contact Us:

Telephone: (509)932-4037