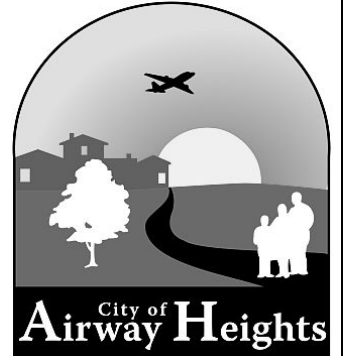


EMPLOYMENT APPLICATION

RETURN BY MAIL TO:
 CITY OF AIRWAY HEIGHTS
 1208 S LUNDSTROM ST
 AIRWAY HEIGHTS WA 99001-9000

RETURN IN PERSON ONLY TO:
 CITY OF AIRWAY HEIGHTS
 1208 S. LUNDSTROM STREET, AIRWAY HEIGHTS



EQUAL OPPORTUNITY EMPLOYER * DRUG FREE ENVIRONMENT

PLEASE READ: Read the job posting before filling out the application. Type or print legibly in ink. This application must be completed in full. A resume does not replace any section of this application. All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned.

APPLICATION FOR (Position Title):

APPLICANT INFORMATION

Last Name		First:	MI:
Mailing Address:		City:	State/Zip:
Home Phone: ()	Daytime Phone: ()	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid driver's license? (only if required for position)		<input type="checkbox"/> Yes <input type="checkbox"/> No	State:
Have you previously been employed by the City of Airway Heights?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates:		Title:	
Do you have any relatives working for the City of Airway Heights? (Information used for nepotism policy only.) Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted by a court of law within the past seven years? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED		<input type="checkbox"/> College 1 2 3 4		Grad Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-High School Education Name and Location	Academic Major, Skill or Trade	Dates From To		Credits Earned Sem Qtr		Degree Level (BA/BS,AA/AAS)

LICENSES AND CERTIFICATES (List professional or trade licenses that are related to the position, i.e., ICBO, CDL):

Description	Issued By	Expiration Date

If you need accommodation in order to complete or participate in the process because of an impairment or disability, please notify the City of Airway Heights Clerk-Treasurer at (509) 244-5578.

EMPLOYMENT HISTORY: Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Includes months, days, and years. Failure to provide all information required may result in reject of application. **Supplemental pages may be used to expand on work history and/or education using the application format. Because resumes may contain unfair pre-employment inquiry information, resumes will not be accepted in place of completing this application.**

Company Name:		Address:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone:
Dates Employed (Month/Day/Year) From: ____/____/____ To: ____/____/____		Reason for Leaving:	
Job Title:	Final Salary: Circle One Hourly/Monthly/Yearly	Average Hours Worked/Week:	No. Employees Supervised:
Specific Duties:			
Company Name:		Address:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone:
Dates Employed (Month/Day/Year) From: ____/____/____ To: ____/____/____		Reason for Leaving:	
Job Title:	Final Salary: Circle One Hourly/Monthly/Yearly	Average Hours Worked/Week:	No. Employees Supervised:
Specific Duties:			
Company Name:		Address:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone:
Dates Employed (Month/Day/Year) From: ____/____/____ To: ____/____/____		Reason for Leaving:	
Job Title:	Final Salary: Circle One Hourly/Monthly/Yearly	Average Hours Worked/Week:	No. Employees Supervised:
Specific Duties:			
Company Name:		Address:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone:
Dates Employed (Month/Day/Year) From: ____/____/____ To: ____/____/____		Reason for Leaving:	
Job Title:	Final Salary: Circle One Hourly/Monthly/Yearly	Average Hours Worked/Week:	No. Employees Supervised:
Specific Duties:			
Company Name:		Address:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Name	Phone:
Dates Employed (Month/Day/Year) From: ____/____/____ To: ____/____/____		Reason for Leaving:	
Job Title:	Final Salary: Circle One Hourly/Monthly/Yearly	Average Hours Worked/Week:	No. Employees Supervised:
Specific Duties:			

List further duties and employment history on additional sheets using application format.

ADDITIONAL INFORMATION: You may include any comments that may show further qualifications for this position.

AGREEMENT: All the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I release the City of Airway Heights, all employers, and all references (except as noted above) from any and all liability of damages for receiving or releasing information. If a conditional job offer is made, I agree to undergo a job-related physical examination, drug/alcohol screening test, and/or job-related background checks and understand that employment is contingent upon meeting the City's job-related physical requirements and job-related background checks.

Signature
Form #PERS 020 Rev. 04/05

Date

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

*(This information is voluntary and in no way affects the outcome of your application.
This form will be detached from your application and will be kept separate and confidential.)*

The City of Airway Heights is an equal opportunity employer. We are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. We appreciate your voluntary cooperation in answer the questions on both portions of this questionnaire.

Name: _____

Position Applying for: _____

Sex: Female Male Birthdate: ____/____/____

Disabled Veteran Status Yes No Vietnam Era

Are you disabled? Yes No

Ethnic Origin:

- White – persons of European descent.
- Black – persons of African descent as well as Jamaican, Trinidadian, and West Indian
- Hispanic – persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish Descent
- Asian American – persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani, or East Indian descent
- Native American – persons who identify themselves as American Indian, Native Alaskan, Aleut, Eskimo
- Native Hawaiian or Pacific Islander

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

(Please fill this out for statistical purposes only)

- Phone contact – walk in
- Job Fair
- Informed/Referred by C of AH employee
- Other web-site: _____
- Other newspaper/journal: _____
- Other: _____
- Job Hotline
- Currently a City of AH employee
- City of Airway Heights website
- Spokesman Review

Deadlines for submitting applications: All application materials must be received by the City of Airway Heights Clerk-Treasurer by 5:00 PM of the application deadline date.