

**TOWN OF GARFIELD
EMPLOYMENT APPLICATION**

APPLICANT INFORMATION

NAME: _____

STREET ADDRESS: _____ HOW LONG? _____

MAILING ADDRESS: _____ WORK PHONE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMPLOYMENT

Employer: _____ Phone: _____

Duties: _____

Salary: _____ Dates: _____ Title: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Duties: _____

Salary: _____ Dates: _____ Title: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Duties: _____

Salary: _____ Dates: _____ Title: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Duties: _____

Salary: _____ Dates: _____ Title: _____

Reason for Leaving: _____

EDUCATION – Name/Date Completed

High Schl: _____ College: _____

Tech Schl: _____ Other: _____

Previous training (military, etc.): _____ No _____ Yes, explain _____

CERTIFICATIONS

Driver's License # _____ Endorsements: _____

Driving violations in past 3 years? _____ No _____ Yes, explain _____

1ST Aid/CPR Card _____ Yes _____ Exp Date _____ No

WA State Commercial Pesticide Applicators License _____ Yes _____ No

WA State WDM1 Water Works Operator Certificate _____ Yes _____ No

WA State Group II Wastewater Treatment Operator Certificate _____ Yes _____ No

WA State Cross Connection Control Specialist _____ Yes _____ No

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ WORK PHONE: _____

HOME PHONE: _____ CELL PHONE: _____

MEDICAL

Any allergies or conditions that could effect emergency treatment? _____ No _____ Yes, explain _____

Are there any medical or physical limitations or disabilities which would prevent you from performing tasks with or without reasonable accommodation? _____ No _____ Yes, explain _____

I HEREBY CERTIFY to the truth of the above answers, that I am eligible to work in the United States, and that I am in good health to the best of my knowledge and belief. I authorize the Town of Garfield or their agent to check any of the information contained in this application. If accepted, I agree to abide by the present and future policies and protocols of this organization which will be explained.

Applicant

Date