

**TOWN OF GARFIELD
EMPLOYMENT APPLICATION**

APPLICANT INFORMATION

NAME: _____

STREET ADDRESS: _____ HOW LONG? _____

MAILING ADDRESS: _____

WORK #: _____ HOME#: _____ CELL#: _____

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: _____

MAILING ADDRESS: _____

WORK #: _____ HOME#: _____ CELL#: _____

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

TOWN OF GARFIELD, 405 W. California St, PO Box 218, Garfield WA 99130. Phone: (509) 635-1604
Fax: (509) 635-1201 Email: garfield-town@completebbs.com Web: http://www.garfieldwa.com