



# Employment Application

Assistant Waste Water Treatment Plant Operator

**Must be returned to Omak City Hall by 5:00 PM, Friday, Dec. 16th, 2016.**

**Personal Profile:** (please print)

_____	_____	_____
Name	Work Phone	Fax
_____	_____	_____
Mailing Address	Home Phone	Cell Phone
_____	_____	_____
City, State, Zip	E-mail	

**Education:**

Please include all college and university attendance and other relevant education. Attach additional information if applicable.

_____	_____	_____
Institution	Location	Major
Degree/Date		
_____	_____	_____
Institution	Location	Major
Degree/Date		

**Certifications:**

Please provide information regarding any certifications or qualifications you may have that are pertinent to this position.

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**Employment History:** Beginning with current employer, and working back ten years, please list:

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Phone No. .** \_\_\_\_\_

**Dates of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Full-time** \_\_\_            **Part-time** \_\_\_            **Voluntary** \_\_\_

**Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Phone No. .** \_\_\_\_\_

**Dates of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Full-time** \_\_\_            **Part-time** \_\_\_            **Voluntary** \_\_\_

**Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

[Type here]

**Employment History continued:**

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Phone No. .** \_\_\_\_\_

**Dates of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Full-time** \_\_\_\_      **Part-time** \_\_\_\_      **Voluntary** \_\_\_\_

**Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Phone No. .** \_\_\_\_\_

**Dates of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Full-time** \_\_\_\_      **Part-time** \_\_\_\_      **Voluntary** \_\_\_\_

**Title:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

[Type here]

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Phone No. .** \_\_\_\_\_

**Dates of employment: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Full-time** \_\_\_ **Part-time** \_\_\_ **Voluntary** \_\_\_

**Title:** \_\_\_\_\_

**Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of supervisor:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**If additional space is needed, please continue on plain paper.**

Have you been arrested or convicted of a criminal offense (excluding minor traffic offenses)? If yes, please explain the circumstances:

\_\_\_\_\_

Availability: \_\_\_\_\_

Is there a current employer that you do not wish us to contact unless you are a finalist?

YES\_\_\_ Employer: \_\_\_\_\_ NO\_\_\_

How would you like us to contact you?  
\_\_\_\_\_

**Please attach a copy of driver's license for background investigation.**

[Type here]

I certify that all statements on my application and other materials are true to the best of my knowledge. I understand that falsification or omission of information relevant to employment or failure to fully complete the application form may disqualify my application. I agree and give my consent that if I am a semifinalist that any person, firm or organization listed herein is authorized to furnish the City of Omak with reference material concerning my character, past employment or any other information requested. I understand and agree that the hiring agency or its agents retains the right to determine the fitness and adaptability of applicants for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

References: Please list six references including supervisors, employees, and peers:

Name	Relationship	Reference Contact Phone Number

RETURN APPLICATION BY December 16<sup>th</sup>, 2016

TO: CITY OF OMAK  
ATTN: Ken Mears PW Director  
P.O. BOX 72 2 NORTH ASH  
OMAK, WA 98841

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