

# FERRY COUNTY PUBLIC UTILITY DISTRICT

P.O. Box 1039 Republic, WA 99166  
509/ 775-3325

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

TODAY'S DATE

M.I.

FIRST NAME

LAST NAME

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, ALL QUALIFIED APPLICANTS INCLUDING DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA WILL BE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE (40-70), MARITAL STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

NAME (Last, First, Middle Initial)	
ADDRESS (Street, City, State, Zip Code)	PHONE
OTHER NAME(S) BY WHICH YOU ARE KNOWN BY REFERENCES OR UNDER WHICH SCHOOL OR EMPLOYMENT RECORDS ARE KEPT	(Home)
	(Work)

HAVE YOU BEEN EMPLOYED HERE BEFORE?  YES  NO

IF RELATED TO ANYONE NOW EMPLOYED BY THE DISTRICT, STATE NAME AND RELATIONSHIP \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ NUMBER OF YEARS EXPERIENCE IN THIS WORK \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_ SALARY EXPECTED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER \_\_\_\_\_

LIST ACTIVITIES OR COMMITMENTS THAT MAY INTERFERE WITH ATTENDANCE REQUIREMENTS \_\_\_\_\_

### REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

### EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	MAJOR	DEGREES	CIRCLE LAST YEAR COMPLETED	LAST YEAR ATTENDED
HIGH SCHOOL			GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED	9 10 11 12	19____
COLLEGE			Grade Point Average _____	1 2 3 4	19____
GRADUATE SCHOOL				1 2 3 4	19____
APPRENTICESHIP TRADE OR BUSINESS SCHOOL			CERTIFICATE OR LICENSE	1 2 3 4	19____

DESCRIBE ANY OTHER RELEVANT TRAINING OR EXPERIENCE YOU WISH CONSIDERED

\_\_\_\_\_

\_\_\_\_\_