

Employment Application

Date:

Name:

Address:

City:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time part-time Full or part-time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?



PUBLIC UTILITY DISTRICT
ASOTIN COUNTY

Asotin County Public Utility District

**PO Box 605
1500 Scenic Way
Clarkston WA 99403-0605
Phone: 509-758-1010
Fax: 509-758-1958**

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:
Name of last supervisor:

Dates of employment:
From: To:

Salary:
From: To:

Complete Address:
Phone #:
Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:
Typing:

Computer: PC Mac Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying: