

# SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

## **Return application to:**

SPOKANE PARKS AND RECREATION DEPARTMENT  
808 W. Spokane Falls Blvd.-Seventh Floor City Hall  
Spokane, WA 99201-3317  
(509) 625-6200

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

## **GOLF MAINTENANCE POSITION**

Creek at Qualchan  
301 E Meadowlane Road  
Spokane, WA 99224-8275

Downriver  
3225 Columbia Circle  
Spokane, WA 99205-3985

Esmeralda  
3933 East Courtland  
Spokane, WA 99217-6986

Indian Canyon  
4304 W West Drive  
Spokane, WA 99224-2013

### **SKILLS: (Please be specific, use back or separate piece of paper if necessary)**

Power equipment operated (*mowers, edgers, etc.*) \_\_\_\_\_

Heavy equipment operated (*tractors, backhoe, etc.*): \_\_\_\_\_

Trade Skills (*plumbing, irrigation, electrical, carpentry, etc.*): \_\_\_\_\_

Please describe your Golf experience: \_\_\_\_\_

Please describe your experience with greenhouse work, trees, turf care, and plants in general:

List other special training, workshops, and skills you have that may qualify you for this position:

High School and College Maintenance or Horticulture related courses: \_\_\_\_\_

Are you able to perform heavy labor? Yes \_\_\_\_\_ No \_\_\_\_\_ (you may be asked to demonstrate)

Name and relationship of anyone you know that is associated with the City, Golf or Parks Department:

How did you hear about this position?  Newspaper  Job Fair  Golf Show  Walk in  
 Website or Word of mouth referral from: \_\_\_\_\_

**NOTE:** If hired, this will be temporary work. There are no fringe benefits. Work is subject to weather and business conditions. You may not be guaranteed a certain number of hours per week. You may be required to work nights, days, weekends, and holidays. Temporary/seasonal employees can work no more than 960 hours in one 12-month period.

**Please Note: working hours may vary from early morning to late evening.**

# APPLICATION FOR EMPLOYMENT

**SPOKANE PARKS AND RECREATION DEPARTMENT**  
**808 West Spokane Falls Boulevard -- Seventh Floor City Hall**  
**Spokane, Washington 99201-3317 (509) 625-6200**

**TO APPLICANT:** We appreciate your interest in the Spokane Park and Recreation Department and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering placement that best meets those qualifications. **Please complete this form and any supplemental application form(s) applicable to the position(s) you are applying for.** Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, religion, national origin, age, disability, or veteran status.

Please feel free to attach a resume to this application or use space on the back for any additional information you feel would be helpful in gaining employment with the City of Spokane *Parks and Recreation Department*

**(PLEASE PRINT OR TYPE CLEARLY)**

Position Applying For \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Phone: (Work or Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you meet the age requirements of this position?  YES  NO

## EDUCATION

### Name and Location of Schools Attended

	Circle Highest Grade Completed	Date of Graduation
(Grade) _____	1 2 3 4 5 6	_____
(Middle) _____	7 8	_____
(High) _____	9 10 11 12	_____
(College) _____	13 14 15 16	_____
Major _____	Degree _____	

Other Schools Attended \_\_\_\_\_

## EMPLOYMENT

List all employment **beginning with the most recent.**

DATES: (Month/Year)	EMPLOYER	Description of Duties:
From: _____ To: _____	Name: _____	
Position: _____	Street/City/Zip: _____	
Reason For Leaving: _____	Telephone: _____	
	Supervisor: _____	

DATES: (Month/Year)	EMPLOYER	Description of Duties:
From: _____ To: _____	Name: _____	
Position: _____	Street/City/Zip: _____	
Reason For Leaving: _____	Telephone: _____	
	Supervisor: _____	

DATES: (Month/Year)	EMPLOYER	Description of Duties:
From:            To:	Name:	
Position:	Street/City/Zip:	
Reason For Leaving:	Telephone:	
	Supervisor:	

DATES: (Month/Year)	EMPLOYER	Description of Duties:
From:            To:	Name:	
Position:	Street/City/Zip:	
Reason For Leaving:	Telephone:	
	Supervisor:	

What other skills or qualifications do you have that would be an asset to the City? \_\_\_\_\_

Special Courses or training for this job? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ State: \_\_\_\_\_

Red Cross First Aid Card  Expiration date: \_\_\_\_\_ CPR Card  Expiration date: \_\_\_\_\_

Any moving citations/accidents last three years? \_\_\_\_\_

Have you ever been convicted of a felony violation in the last ten (10) years? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please explain): \_\_\_\_\_

*(A conviction will not necessarily bar you from employment with the City).*

Have you ever been employed by the City? \_\_\_\_\_ If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Availability: Full-time  Part-time  Temporary  Summer

Date Available: \_\_\_\_\_ Hours Available: \_\_\_\_\_

Are you a U.S. Citizen or do you have a visa permitting you to work in the United States? \_\_\_\_\_

Name and relationship of any relatives employed by the City: \_\_\_\_\_

Use the following space for necessary explanations or additional information relating to experience/education. If more space is needed, please attach sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** A pre-employment physical, which includes a drug screening examination, may be required.

### OATH OF APPLICATION

I hereby certify that I have read all of the above questions and statements and fully understand their intent and meaning. I further certify that all responses are true and correct to the best of my knowledge and belief.

I understand and agree that all statements in this application are subject to investigation and verification. I am aware that any false or dishonest answers to any questions on this application shall be grounds for dismissal if already appointed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_