



**Athletic Facilities**

**Supplemental Application**

**Applicant Information**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Position(s) Applied for: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address: \_\_\_\_\_

Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give State and expiration date:
Do you have a CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give State and expiration date:
If applicable, do you meet the minimum requirements for this position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:

**Specialized Work Experience**

List power equipment operated (mowers, edgers, etc.)

List heavy equipment operated (tractors, backhoe, etc.)

List trade skills (plumbing, irrigation, electrical, carpentry, etc.)

Do you have any specialized certifications?

What experience have you had with greenhouse work, trees, turf care, and plants in general?

List any training, workshops and skills you have that qualifies you for this position:

Email completed application to Aaron Champagne at [achampagne@spokanecity.org](mailto:achampagne@spokanecity.org)



Beginning with your present position, or more recent employment and working back to school graduation if necessary, list the last three positions you held:

May inquiries be made of your present employer?

YES

NO

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1. Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

2. Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

3. Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

4. Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
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Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

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**NOTE: A pre-employment physical and/or drug test may be required depending on the position applying for.**

**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 answer to any question on this application shall be grounds for dismissal if already appointed.

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