



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

E  
M  
P  
L  
O  
Y  
M  
E  
N  
T  
  
H  
I  
S  
T  
O  
R  
Y

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: \_\_\_\_\_  
\_\_\_\_\_

C  
O  
M  
M  
E  
N  
T  
S  
Use this space for necessary explanations. (Indicate question). List any other directly related experience. If more space is needed, please attach sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**Athletics**

**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  NO  If yes, give State and expiration date:

Do you have a CDL? YES  NO  If yes, give State and expiration date:

If applicable, do you meet the minimum requirements for this position? YES  NO  If no, please explain:

**Specialized Work Experience**

List specific areas of interest you are able to instruct (sports, hobbies, interests, etc):

List skills and experience you have that may qualify you for this position:

List high school and college extra-curricular activities:

Do you have any specialized certifications (first aid, CPR, food handlers permit, etc)?

What hours are you available to work:  
Mon          Tues          Wed          Thurs          Fri  
  
Sat          Sun

What dates are you available to work (summer break, year round, etc):

Email completed application to [aeva@spokanecity.org](mailto:aeva@spokanecity.org)