

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.

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: _____



Therapeutic Recreational Services

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 (skills, 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 abusch@spokanecity.org