



686 S. Clark Ave
PO Box 1039
Republic, WA 99166
(509) 775-3325

PUBLIC UTILITY DISTRICT #1 OF FERRY COUNTY

An Equal Opportunity Employer

Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City					State				ZIP			
Phone					E-mail Address							
Date Available												
Position Applying for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EDUCATION												
High School					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												
Full Name						Relationship						
Company						Phone						
Address												

PREVIOUS EMPLOYMENT									
Company						Phone			
Address						Supervisor			
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone			
Address						Supervisor			
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone			
Address						Supervisor			
Job Title									
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE							
Branch				From		To	

DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE (40 OR OLDER), DISABILITY OR GENETIC INFORMATION.

(Revised 2019 07)