



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.