

Downtown Spokane Partnership / Parking and Business Improvement District

PLEASE COMPLETE PAGES 1-5.			DATE:			
Name:						
	Last	First	Middle		Maiden	
Address:						
How long?	Number	Street		City/State/Zip		
Telephone:			Email:			
Position app	olying for:		Desired salary:			
How many hours can you work weekly?				Are you able to work nights?		
Employmen	t desired:	☐ Full-time only	☐ Part-tim	e only	☐ Full- or Part-time	
		Days/Hours	available for w	ork		
	No Pref	Tue	Thur		Sat	
	Mon		Fri		Sat Sun	
Date availab	le to begin work:		<u> </u>			
		EDUCATION 9 C	THER INCORN	AATION		
Type of		EDUCATION & C	THER INFORM	# of years		
School	Name of School	Address	5	completed	Major & Degree	
High School						
College						
Business or Trade School						
Professional School						

This section to be completed by applicants who may use a company vehicle as part of their position. Use of company vehicles

may be required for Clean and Safe teams. A current driver's license and clean driving record are a requirement to fulfil these positions. ☐ Yes DO YOU HAVE A DRIVER'S LICENSE? ■ No Have you had any accidents in the last three years? How many? Have you had any moving violations in the past three years? How many? Please list two references other than relatives or previous employers. Name: Name: Company: Company: Position: Position: Address: Address: Telephone: Telephone: An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying. **Work Experience** Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Job One Name of Employer: Name of Last Supervisor: Employment Dates: Salary: From: Start: Complete Address: To: Final: Phone Number: Last Job Title/Position: Reason for leaving (be specific):

	Job Two			
me of Employer:	Name of Last Supervisor:	Employment Dates:	<u>Salary:</u>	
		From:	Start:	
mplete Address:	L			
		То:	Final:	
one Number:	Last Job Title/Position:	L		
ason for leaving (be spec	cific):			
eason for leaving (be spec		vancements or promotions wh	ile at this company	
	cific): uties performed, skills used or learned, ad	lvancements or promotions wh	ile at this company.	
		lvancements or promotions wh	ile at this company.	
		lvancements or promotions wh	ile at this company.	
		vancements or promotions wh	ile at this company.	
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		vancements or promotions wh	ile at this company.	
List the jobs you held, d	uties performed, skills used or learned, ad			
List the jobs you held, d	uties performed, skills used or learned, ad	vancements or promotions when the second sec	ile at this company. Salary:	
List the jobs you held, d	uties performed, skills used or learned, ad			
	uties performed, skills used or learned, ad	Employment Dates: From:	Salary: Start:	
List the jobs you held, d	uties performed, skills used or learned, ad	Employment Dates:	Salary:	
List the jobs you held, d	uties performed, skills used or learned, ad	Employment Dates: From:	Salary: Start:	
List the jobs you held, d me of Employer: mplete Address:	Job Three Name of Last Supervisor: Last Job Title/Position:	Employment Dates: From:	Salary: Start:	

List the jobs you held, duties performed, skills used	or learned advancements	s or promotions while at this	company
List the jobs you held, duties performed, skins used	or rearried, davancements	or promotions wille at this	company.
	Details		
May we contact your present employer?	Yes	□ No	
Did you complete this application yourself?	☐ Yes	☐ No	
Enat who did?			
not, who did?			
Please list any other relevant experi	ence here, including milita	ry or volunteer service.	
ABBUIDATION TOOM	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ARELULY	

In exchange for the consideration of my job application by Downtown Spokane Development Association (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Downtown Spokane Development Association, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Downtown Spokane Development Association may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal if hired, at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, for positions requiring fiduciary responsibility, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I hereby acknowledge that I have read the above statement, understand it, and that all information furnished by me on this application is true and correct.

Signature of applicant:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, creed, sexual orientation, gender identity, religion, age, national origin, citizenship or immigration status, disability, veteran status, marital status, genetic information, pregnancy status or any other basis prohibited by local, state or federal law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Date:

Thank you for completing this application form and for your interest in our business.

Updated: 7/26/2021