



**CITY OF BLAINE**  
 435 MARTIN ST., STE 3000, BLAINE, WA 98230  
 PH (360) 332-8311 FAX (360) 332-8330

**5DD@75H-CB : CF**  
**9A D@CMA 9BH**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
 Summer \_\_\_\_\_ Temporary \_\_\_\_\_

Full Name: (Last, First, Middle Initial) \_\_\_\_\_ Address: (Street, City, State, Zip Code) \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

Have you ever been employed by the City of Blaine? Yes No

If yes, Department: \_\_\_\_\_

Do you have any relative(s) employed by the City of Blaine? Yes No

If yes, Name and Relationship: \_\_\_\_\_

Do you have a valid Washington State driver's license? Yes No

Do you have a valid Commercial driver's license? Yes No

Have you ever been convicted of a felony? Yes No

Are you legally entitled to work in the United States? Yes No

If yes, describe conditions. Convictions will not necessarily disqualify you from employment.

**98I 75H-CB**

High School and address: \_\_\_\_\_ GED or Diploma Yes No

Colleges or Universities and addresses: \_\_\_\_\_ Major Degree Date Last Attended

List any vocational or on-the-job training you have completed which would be useful in the position you are applying for:

List any licenses/certifications you hold which are necessary or useful in the position. List issuing state and expiration date.

**AFFIRMATIVE ACTION:** The City of Blaine is an equal opportunity employer. Qualified applicants will be considered for employment without regard to sex, marital status, race, color, religion, national origin, age, sexual orientation, military and/or veteran's status, and/or the presence of a disability.

Are you qualified to perform the essential functions of the position listed in the job description with or without reasonable accomodation? **Mg** **Bc**

If testing is required, will you need any accommodation for the testing process? **Mg** **Bc**

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Name and Address of Employer Phone Number From(Mo/Yr) To(Mo/Yr)

Name of Immediate Supervisor Monthly Salary Avg. Hrs/Wk. Your Position

Duties

Reason for Leaving May we contact this employer? Yes No

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Please use additional sheets if more space is required.

**D@5 G9 'F958 '75 F9: I @GM**

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