

Methow Arts Alliance

Application

P.O. Box 723

Twisp, WA 98856

amanda@methowartsalliance.org Date Received: _____

- COVID-19 VACCINE REQUIREMENT. As much of our current work is conducted with the public and/or public schools applicants must provide proof of full COVID-19 vaccination. You may provide the photo or photocopy of your vaccination card via an email attachment sent to info@methowartsalliance.org or you may drop it off at our office 204 E. 2nd Street. If you cannot meet these requirements, but would like to be considered for future employment when/if these requirements are no longer in place please let us know.

Personal Information - Please TYPE or PRINT			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
email: _____			
Date of Birth: _____			
			Date Available to start Work MO: _____/DAY: _____
Are you currently living in Leavenworth full time? Y N Do you have a car? Y N			
Are you employed now? Y N If so, may we contact your present employer? Y N			

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
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Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

TALK YOURSELF UP! Describe your skills or qualifications you'd like to add for us to learn more about you: (Please include skills, special training, desire to work for Methow Arts, etc. Use back of page or attach additional typed pages.)

Professional References Please list names of supervisors, managers who can comment directly on your abilities:				
Name	Email	Phone # (required)	Relationship/Occupation	Years Known

Methow Arts Alliance is an Equal Opportunity Employer. It is the policy of Methow Arts not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date