

**Spokane County Human Resources
Supplemental Application**

Attorney 1-2

(required for consideration)

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____

1. Please check which department(s) you are interested in:

Public Defender's Office (305)

Prosecutor's Office (250)

2. Please check which type of position you would consider:

Regular (full time w/ benefits)

Extra-help (up to five months w/o benefits)

Send this in with your completed application. Materials sent after the closing date will not be accepted.

SIGN AND DATE THIS FORM AFTER READING THE STATEMENT BELOW:

I have read and understand the information provided on this form. I certify that the statements made on this application are true and accurate. I understand that statements I have made in my application materials are subject to verification by Spokane County. I understand that consideration of my application and continuation of any subsequent employment depends upon the truth and accuracy of this information.

Signature

Date