



115 W Washington • Washington , IA 52353-2035
(319) 653-2726

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position Applied For: _____	Date: _____
How did you learn about this position? <input type="checkbox"/> Job posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other: _____	

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (Home) _____ (Cell) _____

Have you ever been employed by the City of Washington before? YES NO
If Yes, When?: _____ What Department?: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?: YES NO

Do any of your friends/relatives work here?: YES NO Are you currently employed?: YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment): YES NO

Are you available to work evenings?: YES NO Are you available to work weekends?: YES NO

EDUCATION AND TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13+

High School: _____
(School Name) (City) (State)

College (if applicable): _____
(School Name) (City) (State)

Dates attended: _____ Degree(s) Earned: _____

Other Schooling or Training: _____

List All Job Related Skills: _____

Are you a veteran of the United States Military? YES NO Rank attained: _____

WORK EXPERIENCE

Start with your present or last employment and work back, accounting for all periods of unemployment. If you were ever employed in any position under a different name, please give that name. You may include volunteer activities.

- 1. Employer: _____ Telephone #: _____
 Address: _____ Wage (start): _____ (end): _____
 Job Title and Duties: _____
 Employed from: _____ to _____ Supervisor: _____
 Reason for Leaving: _____ Okay to contact?: YES NO
- 2. Employer: _____ Telephone #: _____
 Address: _____ Wage (start): _____ (end): _____
 Job Title and Duties: _____
 Employed from: _____ to _____ Supervisor: _____
 Reason for Leaving: _____ Okay to contact?: YES NO
- 3. Employer: _____ Telephone #: _____
 Address: _____ Wage (start): _____ (end): _____
 Job Title and Duties: _____
 Employed from: _____ to _____ Supervisor: _____
 Reason for Leaving: _____ Okay to contact?: YES NO

REFERENCES

List people who are not related to you and who can provide information about you.

- 1. Name: _____ Occupation: _____
 Address: _____ Telephone: _____
- 2. Name: _____ Occupation: _____
 Address: _____ Telephone: _____
- 3. Name: _____ Occupation: _____
 Address: _____ Telephone: _____

I certify that the information contained in this application for employment is correct and complete. I realize that misrepresentation of facts called for in this application will be cause for rejection of my application or dismissal after my employment.

Applicant Signature: _____ Date: _____

The City of Washington is an Equal Opportunity Employer