

### 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***