

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? ☐ Job posting ☐ Friend/Relative ☐ Inquiry	□ 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 you are under 18 years of age, can you provide required proof of your eligibility to work?: \Box YES \Box NO					
Do any of your friends/relatives work here?: \square YES \square NO Are you currently employed?: \square YES \square NO					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (<i>Proof of citizenship or immigration status will be required upon employment</i>):					
Are you available to work evenings?: YES NO Are you available to work weekends?: YES NO What evenings are you available?: Monday Tuesday Wednesday Thursday Friday Saturday					
EDUCATION AND TRAINING Check highest grade completed: 1 2 3	4 5 6 7 8 9	10 11 12 13+			
High School:					
(School Name)	(City	y) (State)			
College (if applicable):					
(School Name)	(City	y) (State)			
Dates attended:	Degree(s) Earned:				
Other Schooling or Training:					
List All Job Related Skills:					
List All Extracurricular Activities:					
Are your a veteran of the United States Military	D VES D NO Pank attain				

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	Super	visor:	
	Reason for Leaving:			Okay to	contact?: ☐ YES ☐ NO
2.	Employer:			Telephone #:	
	Address:			Wage (start):	(end):
	Job Title and Duties:				
	Employed from:	to	Superv	visor:	
	Reason for Leaving:			Okay to	contact?: ☐ YES ☐ NO
3.	Employer:			Telephone #:	
	Address:			Wage (start):	(end):
	Job Title and Duties:				
	Employed from:	to	Super	visor:	
	Reason for Leaving:			Okay to	contact?: ☐ YES ☐ NO
REFER	ENCES ople who are not related to you	and who can pro	vide informati	on about you.	
1.	Name:			Occupation:	
	Address:			Telephone:	
2.	Name:			Occupation:	
	Address:			Telephone:	
3.	Name:			Occupation:	
	Address:			Telephone:	
I realiz	y that the information conta e that misrepresentation of ation or dismissal after my er	facts called for i			
Applica	ant Signature:			Da	ate: