



# CITY OF WASHINGTON

OFFICE OF THE CITY CLERK  
55 WEST MAIDEN STREET  
WASHINGTON, PA 15301

PHONE: (724) 223-4200, Option 6

FAX: (724) 223-4229

www.washingtonpa.us



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, gender, marital status or the presence of non-job-related medical condition or handicap.

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DATE OF APPLICATION: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HAVE YOU PREVIOUSLY FILED AN APPLICATION OR BEEN EMPLOYED BY THE CITY?

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A RESIDENT OF THE CITY OF WASHINGTON? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, DO YOU POSSESS AN ALIEN REGISTRATION CARD? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU AVAILABLE TO WORK: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ SHIFTS \_\_\_\_\_

DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED BY THE CITY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST NAMES AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON

WITHIN THE LAST (7) SEVEN YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE IN FULL, INCLUDING DATE(S): \_\_\_\_\_

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? YES \_\_\_\_\_ NO \_\_\_\_\_

CAN YOU TRAVEL IF JOB REQUIRES IT? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU POSSESS A VALID PA DRIVERS LICENSE? YES \_\_\_\_ NO \_\_\_\_

IF YES, LICENSE NUMBER \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY:

\_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)

HAVE YOU EVER BEEN BONDED? YES \_\_\_\_ NO \_\_\_\_

IF YES, FOR WHAT POSITIONS? \_\_\_\_\_

ARE YOU A VETERAN? YES \_\_\_\_ NO \_\_\_\_

IF YES, WHAT BRANCH OF THE MILITARY SERVICE? \_\_\_\_\_ RANK \_\_\_\_\_

LIST TRADE OR PROFESSIONAL ORGANIZATION(S) OF WHICH YOU ARE A MEMBER,  
INCLUDING OFFICES HELD.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE NAME, ADDRESS, PHONE NUMBER AND OCCUPATION OF THREE (3)  
REFERENCES NOT RELATED TO YOU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION:

HIGH SCHOOL: DISTRICT \_\_\_\_\_  
YEARS COMPLETED \_\_\_\_\_

COLLEGE/UNIVERSITY:

SCHOOL \_\_\_\_\_  
YEARS COMPLETED \_\_\_\_\_  
COURSE OF STUDY \_\_\_\_\_

GRADUATE/PROFESSIONAL:

SCHOOL \_\_\_\_\_  
YEARS COMPLETED \_\_\_\_\_  
COURSE OF STUDY \_\_\_\_\_

**DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES:**

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**LIST EACH JOB HELD, START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES: (FEEL FREE TO ATTACH RESUME.)**

(1) EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SUPERVISOR CONTACT INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
WORK EXPERIENCE \_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY (START) \_\_\_\_\_ (FINAL) \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

(2) EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SUPERVISOR CONTACT INFORMATION \_\_\_\_\_  
\_\_\_\_\_  
WORK EXPERIENCE \_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
SALARY (START) \_\_\_\_\_ (FINAL) \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

(3) EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR CONTACT INFORMATION \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY (START) \_\_\_\_\_ (FINAL) \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

(4) EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR CONTACT INFORMATION \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY (START) \_\_\_\_\_ (FINAL) \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

**AGREEMENT**

I hereby certify that the information provided herein is true and correct and contains no material omissions. I authorize you to make such investigation and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquires in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand that the position is at-will and I possess no contractual or statutory right o employment. I further understand that I am required to abide by all rules and regulations of the City of Washington.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

APPLICATION RECEIVED BY:

\_\_\_\_\_

DATE: \_\_\_\_\_