



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:**

---

---

---

**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: \_\_\_\_\_