

## 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.

DATE OF APPLICATION:	POSIT	POSITION APPLYING FOR:			
NAME(Last)	(First)	(1	/liddle)		
ADDRESS:					
PHONE NUMBER:	EMA	IL:			
HAVE YOU PREVIOUSLY FILI	ED AN APPLICATI	ON OR BEEN EN	<b>IPLOYED</b>	BY THE CITY?	
	YES NO				
ARE YOU A RESIDENT OF TH	E CITY OF WASHI	NGTON?	YES	NO	
ARE YOU A CITIZEN OF THE	UNITED STATES?		YES	NO	
IF NO, DO YOU POSSESS AN A	LIEN REGISTRAT	TON CARD?	YES	NO	
ARE YOU AVAILABLE TO V	VORK: FULL TIN	/IE PART T	'IME	SHIFTS	
DO YOU HAVE FRIENDS OF	DO YOU HAVE FRIENDS OR RELATIVES EMPLOYED BY THE CITY? YESNO				
IF YES, LIST NAMES AND R	ELATIONSHIP:				
HAVE YOU BEEN CONVICT	ED OF A FELON	Y OR RELEAS	ED FROM	PRISON	
WITHIN THE LAST (7) SEVE					
IF YES, DESCRIBE IN FULL	, INCLUDING DA	1 E(S):	<u></u>		
ARE YOU ON LAY-OFF AND	) SUBJECT TO R	ECALL? YES	NO		
CAN YOU TRAVEL IF JOB F	REQUIRES IT?	YES	NO		

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DO YOU POSSES	SS A VALID PA DRIVERS LICENSE?	YES N O
IF YES, LICENSE	E NUMBER CL	ASSIFICATION
IN CASE OF EMI	ERGENCY, PLEASE NOTIFY:	
(NAME)	(ADDRESS)	(PHONE)
HAVE YOU EVE	R BEEN BONDED? YES NO _	
IF YES, FOR WH	AT POSITIONS?	
ARE YOU A VET	'ERAN? YES NO	
IF YES, WHAT BR	ANCH OF THE MILITARY SERVICE?	RANK
LIST TRADE OR P INCLUDING OFFI	PROFESSIONAL ORGANIZATION(S) OF W	HICH YOU ARE A MEMBER,
	PRESS, PHONE NUMBER AND OCCUPATION T RELATED TO YOU:	ON OF THREE (3)
EDUCATION:		
HIGH SCHOOL:	DISTRICT	
	YEARS COMPLETED	
COLLEGE/UNIVE	RSITY:	
	SCHOOL	
	YEARS COMPLETED	
	COURSE OF STUDY	
GRADUATE/PROF		
	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 ACTIVIES: (FEEL FREE TO ATTACH RESUME.)

(1)	EMPLOYER
	ADDRESS
	JOB TITLE
	SUPERVISOR CONTACT INFORMATION
	WORK EXPERIENCE
	REASON FOR LEAVING
	EMPLOYED FROMTO
	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

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ADDRESS				
JOB TITLE				
SUPERVISOR CONTACT INFORMATION				
WORK EXPERIENCE				
REASON FOR LEAVING				
EMPLOYED FROM	ТО			
SALARY (START)	(FINAL)			
MAY WE CONTACT THIS EMP	PLOYER? YES NO			
EMPLOYER				
ADDRESS				
JOB TITLE				
SUPERVISOR CONTACT INFO	RMATION			
WORK EXPERIENCE				
REASON FOR LEAVING				
	TO			

FORM REVISED 2/2019 THE CITY OF WASHINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

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