

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: _____