

## 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



| DATE OF APPLICATION:   | POSITION A   | APPLYING FOR:  |                     |
|--|--|--|---------------------|
| NAME(Last) ADDRESS:  | (First)  | (Middle)   |                     |
| PHONE NUMBER:  | EMAIL:   |  | <u> </u>            |
|  | YES NO   |  |                     |
| ARE YOU A RESIDENT OF THE U ARE YOU A CITIZEN OF THE U IF NO, DO YOU POSSESS AN AL ARE YOU AVAILABLE TO W DO YOU HAVE FRIENDS OR IF YES, LIST NAMES AND RE | NITED STATES? IEN REGISTRATION C ORK: FULL TIME RELATIVES EMPLOY | YES ARD? YES PART TIME S YED BY THE CITY?  | NO NO SHIFTS YES NO |
| HAVE YOU BEEN CONVICTE<br>WITHIN THE LAST (7) SEVEN<br>IF YES, DESCRIBE IN FULL, 1   | N YEARS? YES   | NO and a second contract of the second contra |                     |
| ARE YOU ON LAY-OFF AND<br>CAN YOU TRAVEL IF JOB RI   |  | L? YES NO  |                     |

| DO YOU POSSES                     | S A VALID PA DRIVERS LICENSE? YES N O                             |
|-----------------------------------|---|
| IF YES, LICENSE                   | NUMBER CLASSIFICATION   |
| IN CASE OF EMP                    | 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<br>INCLUDING OFFI | PROFESSIONAL ORGANIZATION(S) OF WHICH YOU ARE A MEMBER, CES HELD. |
|                                   |   |
|                                   |   |
|                                   | RESS, PHONE NUMBER AND OCCUPATION OF THREE (3) T RELATED TO YOU:  |
| EDUCATION:                        |   |
| HIGH SCHOOL:                      | DISTRICT  |
| ē.                                | 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-<br>CURRICULAR ACTIVITIES:            |  |  |
|---|--|--|
|   |  |  |
|   |  |  |
| LIST EACH JOB HELD, START WITH YOUR PRES<br>MILITARY SERVICE ASSIGNMENTS AND VOLUM<br>ATTACH RESUME.) | SENT OR LAST JOB. INCLUDE<br>NTEER ACTIVIES: (FEEL FREE TO |  |
| (1) EMPLOYER  |  |  |
| ADDRESS   |  |  |
| JOB TITLE   |  |  |
| SUPERVISOR CONTACT INFORMATIO   |  |  |
| WORK EXPERIENCE   |  |  |
| REASON FOR LEAVING  |  |  |
| EMPLOYED FROM   | TO   |  |
| SALARY (START)  | (FINAL)  |  |
| MAY WE CONTACT THIS EMPLOYER  | ? YES NO   |  |
| (2) EMPLOYER  | <del></del>  |  |
| ADDRESS   |  |  |
| JOB TITLE   |  |  |
| SUPERVISOR CONTACT INFORMATIO   |  |  |
| WORK EXPERIENCE   |  |  |
| REASON FOR LEAVING  |  |  |
| EMPLOYED FROM   |  |  |
| SALARY (START)  |  |  |
| MAY WE CONTACT THIS EMPLOYER  | ? YES NO   |  |

| (3) | EMPLOYER                       |         |
|-----|--------------------------------|---------|
|     | ADDRESS                        |         |
|     | JOB TITLE                      |         |
|     | SUPERVISOR CONTACT INFORMATION |         |
|     | WORK EXPERIENCE                |         |
|     | REASON FOR LEAVING             |         |
|     | EMPLOYED FROM                  | то      |
|     | 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                  | то      |
|     | 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 RECEIV | /ED BY:                |
|                    |                        |