



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



PHONE: (724) 223-4200, Option 6
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: _____ 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)
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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**_____

The City of Washington is an Equal Opportunity Employer

(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**_____

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AGREEMENT

I hereby certify that the information provided herein is true and correct and contains no material omissions. I authorize you to make such investigations 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 inquiries 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 of 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: _____