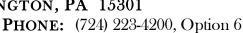


CITY OF WASHINGTON

OFFICE OF THE CITY CLERK

55 WEST MAIDEN STREET WASHINGTON, PA 15301

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: ____ (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_____

YES _____ NO____

CAN YOU TRAVEL IF JOB REQUIRES IT?

DO YOU POSSES	S A VALID PA DRIVERS LICENSE? YE	S NO	
IF YES, LICENSE	NUMBERCLAS	SIFICATION	
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 BRANCH OF THE MILITARY SERVICE?RANK			
INCLUDING OFFI	ROFESSIONAL ORGANIZATION(S) OF WHI CES HELD.	CH YOU ARE A MEMBEI	
EDUCATION:			
	DISTRICT		
mon senoce.	YEARS COMPLETED		
COLLEGE/UNIVE			
	SCHOOL		
	YEARS COMPLETED		
	COURSE OF STUDY		
GRADUATE/PROF			
	SCHOOL		
	YEARS COMPLETED		
	COURSE OF STUDY		
FORM REVISED 5/2025	The City of Washington is an Equal Opport	unity Employer	

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA- CURRICULAR ACTIVITIES:				
	YOUR PRESENT OR LAST JOB. INCLUDE AND VOLUNTEER ACTIVIES: (FEEL FREE TO			
(1) EMPLOYER				
ADDRESS	DDRESS			
JOB TITLE				
SUPERVISOR CONTACT INFO	ORMATION			
WORK EXPERIENCE				
REASON FOR LEAVING				
EMPLOYED FROM	TO			
SALARY (START)	(FINAL)			
MAY WE CONTACT THIS EM	MPLOYER? YES NO			
(2) EMPLOYER				
ADDRESS				
JOB TITLE				
SUPERVISOR CONTACT INFO	ORMATION			
WORK EXPERIENCE				
REASON FOR LEAVING				
EMPLOYED FROM	TO			
SALARY (START)	(FINAL)			
MAV WE CONTACT THIS EM	APLOYER? YES NO			

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(3)	EMPLOYER				
	ADDRESS				
	JOB TITLE				
	SUPERVISOR CONTACT INFORMA	ΓΙΟΝ			
	WORK EXPERIENCE				
	REASON FOR LEAVING				
	EMPLOYED FROM	ТО			
	SALARY (START)	(FINAL)			
	MAY WE CONTACT THIS EMPLOY	ER? YES NO			
(4)	EMPLOYER_				
	ADDRESS				
	JOB TITLE				
	SUPERVISOR CONTACT INFORMATION				
	WORK EXPERIENCE				
	REASON FOR LEAVING				
	EMPLOYED FROM	то			
	SALARY (START)	(FINAL)			
	MAV WE CONTACT THIS EMPLOY	FR? VFS NO			

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 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 RECEI	VED BY:
DATE:	