

City of Washington

55 West Maiden Street
Washington, PA 15301
Phone 724/223-4209
Fax 724/223-4229

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(S) APPLIED FOR _____

NAME _____ S/S NUMBER _____

ADDRESS _____

PHONE NUMBER _____

HAVE YOU FILED AN APPLICATION OR BEEN EMPLOYED HERE BEFORE?
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 ANY FRIENDS OR RELATIVES WORKING HERE? YES ___ NO ___

IF YES, LIST NAMES AND RELATIONSHIP _____

HAVE YOU BEEN CONVICT-ED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST SEVEN (7) 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)

HAVE YOU EVER BEEN BONDED? YES ___ NO ___

IF YES, FOR WHAT POSITION(S)? _____

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:

ELEMENTARY: SCHOOL _____
YEARS COMPLETED _____
COURSE OF STUDY _____

HIGH SCHOOL: SCHOOL _____
YEARS COMPLETED _____
COURSE OF STUDY _____

COLLEGE/
UNIVERSITY SCHOOL _____
YEARS COMPLETED _____
COURSE OF STUDY _____

GRADUATE/
PROFESSIONAL SCHOOL _____
YEARS COMPLETED _____
COURSE OF STUDY _____

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CIRRICULAR. ACTIVITIES:

LIST EACH JOB HELD. START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES:

(1) EMPLOYER _____
ADDRESS _____
JOB TITLE _____ SUPERVISOR _____
WORK EXPERIENCE _____
REASON FOR LEAVING _____
EMPLOYED FROM _____ TO _____
SALARY- (START) _____ (FINAL) _____
MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

(2) EMPLOYER _____
ADDRESS _____
JOB TITLE _____ SUPERVISOR _____
WORK EXPERIENCE _____
REASON FOR LEAVING _____

EMPLOYED FROM _____ TO _____
SALARY - (START) _____ (FINAL) _____
MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

EMPLOYER _____
ADDRESS _____
JOB TITLE _____ SUPERVISOR _____
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 inquiries 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 to continued 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: _____