



Application for Employment (HR-FR-004)

City of Washington is an Equal Opportunity Employer

Position Applying For: _____

Date: _____

PERSONAL INFORMATION			
P E R S O N A L	Last	First	Middle Initial
	Address (Street & Number)		
	City	State	Zip
	Telephone	Alternate Phone	E-Mail

POSITION DESIRED	
P O S I T I O N D E S I R E D	<p>Date Available to Start _____</p> <p>How did you hear about the position?</p> <p>Newspaper (what newspaper): _____</p> <p>City of Washington Job Board: _____</p> <p>Internet (what website)? Monster, CareerBuilder, etc. _____</p> <p>Friend/Relative: _____</p> <p>Other: _____</p>
	<p>Have you ever worked for the City of Washington? Yes No</p> <p>If yes, Dates: _____</p> <p>Job Title: _____</p> <p>Why did you leave? _____</p>
<p>Employment Desired:</p> <p>F Full Time</p> <p>Part Time</p> <p>Temporary/Seasonal</p> <p>Volunteer</p> <p>Volunteer Fire/EMS</p> <p>Shift Work</p> <p>Weekend Work</p>	<p>Can you perform the requirements of this job without a reasonable accommodation? Yes No</p> <p>If hired, can you provide documents required to establish that you are authorized to work in the U.S. Yes No</p> <p>Are you related to anyone who is currently employed by the City? Yes No</p> <p>If yes, please provide name, department and relationship _____</p>

E D U C A T I O N	School	Name and Location of School	How many years did you attend?	Did you Graduate?	Degree or Diploma
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			Yes No	
	Specialized Training or Trade School			Yes No	
	Other Education			Yes No	

Licenses, Certifications & Skills

Answer ONLY if position you are applying for requires.

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1. **DRIVERS LICENSE:** Do you possess a current valid driver's license? ___ Yes ___ No
If yes, license expires _____ Class Restrictions (if any) _____
2. **TYPING:** For positions that require typing: I certify that I can type at a speed of _____ WPM.
3. **LANGUAGES:** In addition to English, list any other language abilities you possess.
Verbal fluency in _____ Written fluency in _____

List any special skills you possess and/or equipment or office machines you can operate.

Current professional status: (List fields of work for which you have been registered)

Registration: _____ State: _____ No. _____
Registration: _____ State: _____ No. _____

EMPLOYMENT HISTORY

Provide information regarding all paid, military, and volunteer work which may be related to the position for which you are applying. Describe your most recent position first; then list other positions in order held, beginning with the most recent. Use a separate block for each position, even if with the same employer. Use additional sheets if necessary. Do NOT use references such as "See Résumé" in place of completing this section.

1	Employer	Address	City, State, Zip	Telephone (including area code)
	Supervisor – Name Title and Phone No.			Employed - (Month & Year) From: _____ To: _____
	Job Titles and Duties:			Salary Hourly Annual Start: _____ End: _____
				Reason for Leaving _____ MAY WE CONTACT? Yes No
2	Employer	Address	City, State, Zip	Telephone (including area code)
	Supervisor – Name Title and Phone No.			Employed – (Month & Year) From: _____ To: _____
	Job Titles and Duties:			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Start: _____ End: _____
				Reason for Leaving _____ MAY WE CONTACT? Yes No

3	Employer	Address	City, State, Zip	Telephone (including area code)
	Supervisor – Name Title and Phone No.			Employed (Month & Year) From: To:
	Job Titles and Duties:			Salary Hourly Annual Start: End: Reason for Leaving _____ MAY WE CONTACT? Yes No
4	Employer	Address	City, State, Zip	Telephone (including area code)
	Supervisor – Name Title and Phone No.			Employed – (Month & Year) From: To:
	Job Titles and Duties:			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Start: End: Reason for Leaving _____ MAY WE CONTACT? Yes No

MILITARY EXPERIENCE		
Branch of Service: _____ Dates of Military Service: _____ Rank at time of discharge: _____		
Specialized Training: _____		

REFERENCES		
<i>Provide complete information for three references excluding relatives</i>		
	Name and Organization	Office Phone Home Phone
1		
2		
3		

ACKNOWLEDGMENTS

Please READ ALL of the following statements and INITIAL EACH of the lines to indicate you have read and understand each of the statements. If you have any questions, contact the Human Resources Department (252) 975-9305.

_____ I understand that employment with City of Washington is “at-will”, nothing on the application is intended to create or imply a contractual relationship: if hired, I understand that employment is “at-will”, i.e., that it is not for any specific time period or duration, and can be terminated with or without reason at any time, consistent with applicable state or federal law. No city employee has the authority to grant any employee any contractual rights of employment.

_____ I authorize City of Washington to conduct reference checks by contacting any employer or individual that I have listed on my employment application and/or résumé to obtain from them any relevant information regarding my previous employment, military service, characteristics or traits or other relevant qualifications for employment.

_____ I understand to be considered for employment with the City of Washington I must undergo a “investigative consumer report” and a drug screening upon receiving a conditional offer of employment. Negative drug screening and a successful investigative consumer report and/or consumer report are a condition of employment. If applicable, I also agree to undergo any job-related physical examinations.

_____ If you believe you require an accommodation during the selection process, please contact us to make appropriate arrangements.

I understand that my signature below certifies that the information provided is true and correct to the best of my knowledge. All of the information I have provided on and in connection with this application (and any accompanying resume) is, to the best of my knowledge, true, correct, and complete. I understand that any misrepresentation, omission, or false statement made by me, whenever discovered, will be sufficient cause for City of Washington to cancel further consideration of this application, rescind any offer of employment that has been made to me, or immediately discharge me from employment.

Applicant's Signature	Date
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