APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For			Date of Application			
Last Name	First Name		Middle Name			
Address Number	Street	City	State	Zip Code		
Email Address:						
Telephone Number(s)	Date of Birth		Social Security Number			
Best time to contact you at h	ome is			:	AM	PM
If you are under 18 years of a	age, can you provide required	proof of your el	igibility to work?	• • • • • • • • • • • • • • • • • • • •	YES	NO
Have you ever filed an application with us before?					YES	NO
Have you ever been employed with us before?					YES	NO
Do any of your friends or relatives, other than spouse, work here?					YES	NO
Are you currently employed?					YES	NO
May we contact your present employer?					YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employment					YES	NO
Date available for work	_// What is you	ır desired salary	range?		_	
Are you available to work: Circle		ate 1 2 3 s ate Mornings ate dates availab	Afternoons Eve	enings) //)	
Are you currently on "lay-of	f' status and subject to recall?)			YES	NO
Can you travel if a job requires it?					YES	NO
	WE ARE AN EQUAL OP	PORTUNITY EM	MPLOYER			

EDUCATION	Name and Address Of School	Course of S	Study	Years Completed	Diploma Degree
Elementary School					
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
organizations which indic	EXPERIENCE last job. Include any job-releate race, color, religion, generate race, color, reli	der, national ori	gin, disabil	ities or other protected sta	tus.
Employer		Dates E	mployed 	Work P	erformed
Address		From	То		
Phone Number		Hourly R	ate/Salary		
Job Title	Supervisor	Starting:			
Reason for Leaving		Final:			
Employer		Dates E	mployed	Work P	erformed
Address		From	То		
Phone Number		Hourly R	ate/Salary		
Job Title Reason for Leaving	Supervisor	Starting:			
Reason for Leaving		Final:			
Employer		Dates E	mployed	Work P	erformed
Address		From	То		
Phone Number		Hourly R	ate/Salary		
Job Title	Supervisor				
Reason for Leaving		Final:			
Employer		Dates E		Work P	erformed
Address		From	То		
Phone Number		Hourly R	ate/Salary		
Job Title	Supervisor	Starting:			
Reason for Leaving		Final:			

State any additional information you feel may be helpful to us in considering your application.					
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.					
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?					
A review of the activities involved in such job or occupation has been given YES NO					
REFERENCES					
1					
Name Phone #					
Address					
2(
Name I note #					
Address					
3(
Address					
APPLICANT'S STATEMENT					
I certify that answers given herein are true and complete.					
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.					
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are still being accepted at that time.					
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.					
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.					
Signature of Applicant Date					

Authorization to Investigate Police Records Of Applicant For Employment With The City of Washington

ble to it for the purpose of deter	rmining if I have ever been con	rate all law enforcement files and records availa- victed of any criminal act or ordinance violation on will be used to determine my suitability for
Applicant's Signature	Date	