

EMPLOYMENT APPLICATION

Resumes may be submitted, as an attachment, but not accepted in lieu of a City application. A separate application is required for each position.

Washington City is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Position Applied For:	Date:	
Name:		
Address:		
Phone Number: Email:		
If the position you are applying for is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material, are you 18 years of age or older?	Yes	No
Do you have a valid driver's license?	Yes	No
Have you ever filed an application with us before? If yes, give date:	Yes	No
Have you ever been discharged or forced to resign from any position?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
On what date would you be first available for employment:		
Are you available to work: (check all that apply.) Full Time Part Time	Shift Work	Temporary
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if the job requires it?	Yes	No
Are you related to any person employed by Washington City? If yes, please explain:	Yes	No
Have you ever resigned from or otherwise left any employment while allegations of misconduct or harassment on your part were pending or under investigation?	Yes	No

Applicants requiring accommodations to the application and/or interview process should contact the Human Resources Department.

Washington City

EDUCATION HISTORY

Type of Education	Name Of School	Location	Course Of Study/ Degree Received	Did you graduate? If yes, give date.
H.S./GED				
College(s)				
Vocational				
Other or Equivalent				

EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities. Exclude organization names, which indicate race, color, religion, sex, or national origin.

From:	To:	Compa	any Name:	Phone:	
Starting Wage	:	Ending	g Wage:	Address:	
Position:			Reason For Leaving:		
From:	To:	Compa	any Name:		Phone:
Starting Wage	:	Ending	g Wage:	Address:	
Position:			Reason For Leaving:		
From:	To:	Compa	any Name:		Phone:
Starting Wage	:	Ending	g Wage:	Address:	
Position:			Reason For Leaving:		

If additional space is needed, please continue on a separate sheet of paper.

EXPERIENCE

Do you have a valid Dri	ver's License?	Yes	No State:	
Do you have a CDL?	Yes No	State:		Class:
List job related profession	onal, trade, busir	less or civi	c activities, lice	enses, certificates and offices held:
Other qualifications and	skills:			
List all computer softwo	are you are profi	vient in:		
State any additional info	ormation you fee	l may be h	elpful in consid	lering your application:
Are you capable of perfor involved in the job for wh Languages: If job related, lis	ich you have appl	ied? Ye	es No	t reasonable accommodation, the activities
REFERENCES				
Name:			1	Phone:
Address:			Occupation:	

Name:		Phone:
Address:	Occupation:	

Name:	Phone:	
Address:	Occupation:	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at the employment decision. I understand that this application is not intended to be a contract of employment. 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 or maybe required to undergo alcohol and/ or drug testing, as a condition of employment, as well as, abide by all City rules, regulations, and personnel policies.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that I (as the "Employee") may resign at any time and the City (as the "Employer") may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed or modified by any written document or by conduct unless such change or modification is specifically approved in writing by an authorized agent of the City.

My signature below authorizes Washington City to conduct a background investigation and authorizes any applicable party contacted by the City to release such information to the City in connection with my application for employment. Specifically, I authorize release of information to the City from previous employers (as listed herein), from references (as I have provided) and applicable governmental agencies/ sources, and I release and waive any claims against such previous employers, references, governmental agencies/sources and Washington City, for the release and use of such information. If required for any position for which I am applying, the background investigation may include information regarding criminal or civil legal actions, and motor vehicle reports (driving records) obtained from applicable sources, including previous employers. I understand that such information will be considered with my qualifications for employment with the City.

Signature: _____ Date: _____