



APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

A resume may not be substituted for this official application in whole or in part.

Study the minimum qualifications listed in the announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your answers determine whether you will be considered for the position.

Your completed application, together with any additional information specified in the announcement, must be received not later than the closing date if specified in the announcement. Incomplete or unsigned applications cannot be processed.

Exact Title of Position Applying For _____

First Name _____ MI _____ Last Name _____

Address _____
Street City State & Zip

Home Phone _____ Cell Phone _____

Email _____

Former Names Used _____

Social Security # _____ Date Available to Start _____

EDUCATION

Name of High School _____ Graduated? Yes No G.E.D.? Yes No

City and State _____ Year _____ Year _____

| SCHOOL For each level of education which applies to you, give name, City & State of last school you attended | Dates Attended | | Did you Graduate? | Course of Study. Give major, minor, types of program pursued, etc. | Give type and date of degree, certificate, diploma, or other document awarded | Credits Earned |
|---|----------------|----------------|---|--|---|----------------|
| | To (Mo. Yr.) | From (Mo. Yr.) | | | | |
| Undergraduate College City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Graduate College City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Business or Technical City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Military or Correspondence City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

REFERENCES List three persons we may contact at this time who are NOT related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under EXPERIENCE.

| First & Last Name | Present Home Address (Number, Street, City, State and ZIP Code) | Business/Occupation |
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SPECIAL SKILLS AND QUALIFICATIONS (Please complete the following as they apply to the position for which you are applying)

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| <p>Served Formal Apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What Trade _____</p> <p># of Years _____ When _____</p> <p>Where _____</p> | <p>Current License or Registration as a Member of some Trade or Profession</p> <p>Name/Kind _____</p> <p>Number _____</p> <p>Date Issued _____ Expiration Date _____</p> |
| <p>Office Work</p> <p>Typing (words per minute) _____</p> <p>Experience in transcribing mechanically recorded material?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>List office machines other than a typewriter which you can operate skillfully.</p> <p>_____</p> <p>_____</p> <p>_____</p> |

Do you possess a valid driver's license? Yes No

State _____ License Number _____ Expiration Date _____

EXPERIENCE List your last four (4) jobs, including relevant volunteer experience. If you were employed under another name, include the name by which you were known to your employer. **IN ADDITION, LIST ANY EARLIER EXPERIENCE OF ANY KIND REQUIRED FOR THIS POSITION.** Part-time work will be pro-rated in determining experience qualifications. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in evaluating your qualifications. **THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.**

Are you presently working? Yes No

Does the Town of Washington have your permission to contact your present employer at this time? Yes No

| | |
|--|---|
| <p>Name of Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Duties _____</p> <p>_____</p> <p>Reason for Leaving _____</p> <p>Name and Title of Immediate Supervisor _____</p> <p>_____</p> | <p>Dates of Employment</p> <p>From (Mo. & Yr.) _____ To (Mo. & Yr.) _____</p> <p>Total Time (years & months) _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Not Paid</p> <p>Hours per week _____</p> <p>Starting Salary _____ Ending Salary _____</p> <p>Number of employees supervised</p> <p>_____ Professional _____ Non-Professional</p> |
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| | |
|---|--|
| Name of Employer _____ Address _____ Job Title _____ Duties _____ _____ Reason for Leaving _____ Name and Title of Immediate Supervisor _____ _____ | Dates of Employment From (Mo. & Yr.) _____ To (Mo. & Yr.) _____ Total Time (years & months) _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Hours per week _____ Starting Salary _____ Ending Salary _____ Number of employees supervised _____ Professional _____ Non-Professional |
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|---|--|

Summarize your special skills or qualifications for this position _____

Have you ever been discharged or forced to resign from any position for reasons other than layoff due to lack of work? Yes No

If yes, give name of employer and brief explanation _____

Are you 18 years of age or older? Yes No

If you are not a United States Citizen, do you have permission to work in the United States from the U.S. Immigration and Naturalization Service? Yes No
 (You will be required to submit proof of your permission to work if employed.)

