

# CITY OF WASHBURN

## Employment Application



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available			Desired Pay: Hourly				Salary					
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

PREVIOUS EMPLOYMENT STARTING WITH THE MOST RECENT OR CURRENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, a background check will be required. I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**Please add any additional information you feel is pertinent to the position. As well as a resume, cover letter, writing sample, or anything that demonstrates your skills and abilities.**