

11. **REFERENCES.** If you wish to list references, list persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat the names of supervisors you will list under Section 16, Employment Record, on pages 3 and 4 of this application.

A. Name _____ Address _____
 Telephone Number _____

B. Name _____ Address _____
 Telephone Number _____

C. Name _____ Address _____
 Telephone Number _____

12. **EDUCATION.** Give your complete educational history.

Name of last high school attended _____

Location _____

Highest year completed _____

Did you graduate from high school? _____

If you did not graduate, do you have a GED? _____

Education Beyond High School	Name and Location	Attended From To Mo./Yr. Mo./Yr.	Check Number Years Completed	Did You Graduate?	Degree or Diploma and Year Received	Major Subject
College or University						
Graduate or Professional						
Other Education, Internships, Etc.						

13. List fields of work or activities for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance. _____

14. List typing and clerical skills, machines you can operate, computer software in which you are proficient, and other skills in which you are proficient. _____

15. If the position(s) applied for calls for specific courses, indicate course and credits received. _____

16. **EMPLOYMENT RECORD.** Answer questions for each period of employment. Include military service and previous employment with the City of Washington. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet. Experience acquired more than 10 years ago may be summarized in one block if not applicable to the position(s) for which you are applying.

A. Title of present or last position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed _____ (mm/yy) Date separated _____ (mm/yy) Number of hours worked per week _____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving or desiring change _____

B. Title of previous position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed _____ (mm/yy) Date separated _____ (mm/yy) Number of hours worked per week _____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving _____

C. Title of previous position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed _____ (mm/yy) Date separated _____ (mm/yy) Number of hours worked per week _____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving _____

D. Title of previous position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed _____ (mm/yy) Date separated _____ (mm/yy) Number of hours worked per week _____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving _____

E. Title of previous position _____
Employer _____ Address _____
Name and title of supervisor _____
Number of employees supervised by you _____ Telephone number _____
Date employed _____ (mm/yy) Date separated _____ (mm/yy) Number of hours worked per week _____
Starting salary _____ Last salary _____
Duties _____

Reason for leaving _____

CERTIFICATE OF APPLICANT

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I hereby authorize the City of Washington to investigate my past employment, performance, salary and educational history as well as my criminal background; to gather any other information necessary to process my application for employment; and to administer any pre-employment testing, including but not limited to a pre-employment drug test, that is necessary. I also understand and acknowledge that a negative pre-employment drug test is a condition of employment with the City of Washington.

Applicant's Signature

SELECTIVE SERVICE REGISTRATION
MALES AGE 18 THROUGH 25 ONLY

Have you registered for Selective Service? Yes No NA

If not, you will have 30 days to comply with the registration requirements if selected for a position as required by law.

IDENTITY AND EMPLOYABILITY

If employed, you must submit proof of identity and eligibility for legal employment by your third day of work. A complete list of acceptable documents will be provided to you by Human Resources.

OVERTIME COMPENSATION POLICY

To the extent that local government jurisdictions are so required, the City of Washington complies with the Fair Labor Standards Act (FLSA). Individuals employed in positions that are subject to the overtime provisions of the FLSA shall be compensated accordingly. It is the City of Washington's policy to compensate employees for overtime hours worked either in the form of time off or pay, at the discretion of management. Agreement to this condition is a requirement of employment with the City of Washington.

FIREFIGHTER APPLICANTS ONLY

The majority of the Firefighters in the Washington Fire-Rescue-EMS Services Department at present work a 24-hour, 15-minute duty day followed by 47¼ hours off (essentially two days off) with an agreement that meal time and sleep time may be deducted in calculating overtime compensation.

If employed as a Firefighter of any rank, working a 24-hour, 15-minute schedule, I agree that the City of Washington may deduct up to eight (8) hours of sleep time and up to two (2) hours of meal time from my hours of work on each shift for purposes of calculating my entitlement to overtime compensation, in the manner and to the extent permitted by the Fair Labor Standards Act.

I understand this policy and agree to accept overtime compensation (if applicable) in this fashion should I be selected for the position for which I am applying.

This the _____ day of _____, 200__

Signature: _____

My signature below indicates my agreement to the terms and provisions contained herein including, but not limited to the overtime compensation policy, as well as authorization to the City of Washington to conduct a criminal records investigation and drivers license record check (if applicable).

This the _____ day of _____, 200__

Signature: _____

Revised: 6/08