



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address Number Street City State Zip Code		
Telephone Number(s)	E-mail	Social Security Number (Voluntary)

Best time to contact you at home is: _____:_____ AM
_____:_____ PM

Have you ever filed an application with us before?..... ☐ Yes ☐ No
..... If Yes, give date _____

Do any of your friends or relatives, other than spouse, work for the City of Washington? ☐ Yes ☐ No

If your application has been accepted, you will receive an email from Guardian. This email will contain a link. Once you open the link, you will receive instructions on how to complete the application process

WE ARE AN EQUAL OPPORTUNITY EMPLOYER