SEC	TION 4. I	PERSONAL						
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		VOLUME HOED OD DEEN KNOWN DV			IFO)	WHODEL		
2. 0	THER NAMES	YOU HAVE USED OR BEEN KNOWN BY	(INCLUDE MAIDEN	I NAME AND NICKNAM	IES)			□ N/A
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		ESS, IF DIFFERENT FROM ABOVE (FOR I	EXAMPLE PO BOX	9		· ·		
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F 00	ONTACT NUM	DEDO						
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PR	RIMARY () WORK ()	EXT	OTHER () CELL	<u> </u>	
6. Co	ONTACT EMAI	L		7. LIST ALL OTHER	EMAIL ADDRESSES	S (SEPARATED BY COMMAS)		
	REFERENC							
8. LIS	ST OF REFERE	ENCES						
•	List 4 pe	eople who know you well, such a	s close persona	al relationships, so	ocial and family f	friends, teachers, military colleagues,	and/or	
		ers. Do NOT include relatives or						
8.1	NAME OF R	EFERENCE	HOME ADDRESS	(NUMBER / STREET	/ APT)	CITY	STATE	ZIP
0.1								
		HOME PHONE	WORK ADDRESS	S (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()						
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		How do you know this person?				How long have you known this person?		
	Luure oe o	·	THOME ADDRESS	. (AU II IDED / OTDEET	(ADT)		07475	710
8.2	NAME OF R	EFERENCE	HOME ADDRESS	S (NUMBER / STREET /	(API)	CITY	STATE	ZIP
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					I=			
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		How do you know this person?				How long have you known this person?		
	NAME OF R	EFERENCE	HOME ADDRESS	S (NUMBER / STREET /	/ APT\	CITY	STATE	7IP
8.3	IVAINE OF IX	ET ENCINOE	TOWL ADDITEO	(NOMBER / OTREET /	ALI)	CITT	OIAIL	ZII
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		()	WORK ADDITES	3 (NOMBER / STREET)	7 30112)	CITI	SIAIL	ZIF
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		How do you know this person?				How long have you known this person?		
	NAME OF R	<u> </u> EFERENCE	HOME ADDRESS	S (NUMBER / STREET /	/ APT)	CITY	STATE	ZIP
8.4				J. J				
		HOME PHONE	WORK ADDRESS	S (NUMBER / STREET	/ SUITE)	CITY	STATE	ZIP
		()			,			
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APPLICATION FOR EMPLOYMENT - Pre-employment Questionnaire The City of Washington is an equal opportunity employer. How do you know this person? How long have you known this person? **SECTION 3: EDUCATION** • NOTE: If selected, you will be required to furnish transcripts or other proof to support all of your educational claims in Section 3. • If more space is needed, continue your response on the continuation page. 9. CHECK APPLICABLE MM/YYYY MM/YYYY MM/YYYY High School Diploma: / GED: / 10. LIST SCHOOL(S) ATTENDED NAME OF GRAMMAR SCHOOL FROM (MM/YYYY) TO (MM/YYYY) 10.1 STATE FROM (MM/YYYY) NAME OF GRAMMAR SCHOOL TO (MM/YYYY) 10.2 / STATE NAME OF HIGH SCHOOL FROM (MM/YYYY) TO (MM/YYYY) 10.3 CITY STATE NAME OF HIGH SCHOOL FROM (MM/YYYY) TO (MM/YYYY) 10.4 CITY

11. L	IST ALL COL	LEGES AND UNIVERSITIES ATTENDED)							
	NAME OF C	COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (M	M/YYYY)	TOTA	AL UNITS COMPLET	ΓED	
11.1				,	,	,		Потв:	SYSTEM	□ SEM
				/		_/		SYSTEM		
	•	ADDRESS (NUMBER / STREET)			•		•	TYPE OF DEGRE	E EARNED	
		CITY			STATE	ZIP		MAJOR / AREA O	F STUDY	
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11.4	IVAIVIL OF C	OCCEDE/ONIVEROIT		/ (IVIIVI) 1 1 1 1)	10 (101	,	1017	QTR :		Пѕем
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	•	ADDRESS (NUMBER / STREET)		•	,		•	TYPE OF DEGRE		
		CITY			STATE	ZIP		MAJOR / AREA O	F STUDY	

The City of Washington is an equal opportunity employer. **SECTION 3: EDUCATION** continued 12. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED DID YOU COMPLETE THE COURSE? NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) Yes ☐ No CITY STATE TYPE OF SCHOOL OR TRAINING NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) DID YOU COMPLETE THE COURSE? 12.2 ☐ Yes No STATE TYPE OF SCHOOL OR TRAINING CITY NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE FROM (MM/YYYY) TO (MM/YYYY) DID YOU COMPLETE THE COURSE? 12.3 / Yes __ No STATE TYPE OF SCHOOL OR TRAINING CITY **SECTION 4: EXPERIENCE AND EMPLOYMENT** 13. JOB EXPERIENCE • List ALL jobs you have had over the past 10 years, including part-time, temporary, self-employment, and volunteer. (Begin with your most current.) If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. • List ALL periods of unemployment in excess of 30 days. If more space is needed, continue your response on the continuation page. NAME OF CURRENT EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 13.1 ADDRESS (NUMBER / STREET / SUITE / OR BASE) STATE ZIP CONTACT NUMBER JOB TITLE / RANK EMAIL TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) DUTIES / ASSIGNMENTS FT PT Temp Self-employed Volunteer REASON FOR WANTING TO LEAVE NAMES OF CO-WORKERS 1) 2) Would there be a problem if we contact your current employer?.. If yes, explain: PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY) 13.2 ☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other: NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY) 13.3 ADDRESS (NUMBER / STREET / SUITE / OR BASE) SUPERVISOR CITY CONTACT NUMBER EXT STATE ZIP

	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS			Т			CHECK ALL THAT APPL'		
							Temp Self-emplo	yed	Volunteer
	NAMES OF CO-WORKERS	2)		R	EASON FOR L	EAVING			
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	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO.	MM/YYYY)
13.5	TO MILE OF EIGH ESTER OF MILETY MET OF THE						/	10(/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPER\	/ISOR		·
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	JOB TITLE / RANK					EMAIL			
	DUTIES / ASSIGNMENTS						(CHECK ALL THAT APP		
	NAMES OF CO-WORKERS				REASON FOR		Temp Self-empl	oyed	⊔ Volunteer
	1)	2)			REASON FOR	LEAVING			
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12.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)
13.6	Student Between jobs Leave of	f absence Travel Other:					/		/
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
13.7							/		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPER\	/ISOR		
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	NAMES OF CO-WORKERS				REASON FOR			.,	
	1)	2)							
13.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)						FROM (MM/YYYY)	TO (MM/YYYY)
. 5.0	Student Between jobs Leave of	rabsence							
	NAME OF EMPLOYER OR MILITARY UNIT						FROM (MM/YYYY)	TO (MM/YYYY)
13.9							/		
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SUPER\	/ISOR		
	CITY		STATE	ZIP)	CONTAC	CT NUMBER		EXT
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	NAMES OF CO-WORKERS				REASON FOR		1 : omb	Jyou	
	1)	2)							

	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
13.10	☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:					1	/
						<u> </u>	<u>'</u>
13.11	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
13.11						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	SOR	
	CITY	STATE	ZII	P	CONTACT	NUMBER	EXT
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	NAMES OF CO-WORKERS			REASON FOR	LEAVING		
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	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
13.12	☐ Student ☐ Between jobs ☐ Leave of absence ☐ Travel ☐ Other:					/	/
40.40	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
13.13						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVIS	OR	
	CITY	STATE	ZII	P	CONTACT	NUMBER	EXT
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	DUTIES / ASSIGNMENTS					CHECK ALL THAT APPL	•
						Temp Self-emplo	yed U Volunteer
	NAMES OF CO-WORKERS			REASON FOR	LEAVING		
	1) 2)						
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
13.14							
	Student Between jobs Leave of absence Travel Other:					/	/
-	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
13.15							1
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	DUTIES / ASSIGNMENTS				`		,
						Temp Self-emplo	yed
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13.16						FROM (MM/YYYY)	TO (MM/YYYY)
	Student Between jobs Leave of absence Travel Other:					/	/
12.47	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
13.17						/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)					SOR	1

	CITY	STAT	E Z	IP	CONTAC	T NUMBER		EXT
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	JOB TITLE / RANK				EMAIL			
	DUTIES / ASSIGNMENTS			TYPE OF EMPL	OYMENT	(CHECK ALL THAT APP	LY)	
				FT [PT 🗌	Temp Self-empl	oyed	Volunteer
	NAMES OF CO-WORKERS			REASON FOR	LEAVING			
	1) 2)							
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13.18	Student Between jobs Leave of absence	☐ Travel ☐ Other:				/		
						·		
13.19	NAME OF EMPLOYER OR MILITARY UNIT					FROM (MM/YYYY)	TO (MM/YYYY)
13.19						/		
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	DUTIES / ASSIGNMENTS					Temp Self-empl		Voluntoor
	NAMES OF CO-WORKERS			REASON FOR		Temp Sen-emp	oyeu	Volunteer
	1) 2)			KLAGONTOK	LLAVINO			
	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)					FROM (MM/YYYY)	TO (MM/YYYY)
13.20	Student Between jobs Leave of absence	Travel Other:				/		
SEC	TION 6: CERTIFICATION							
	I hereby certify that I have personally completed and i							
	made are true and complete to the best of my knowle				it of mate	erial fact may subje	ct me	to
	disqualification; or, if I have been appointed, may disq	uality me from continued emplo	yme	nt.				
	Signature in Full:				Date:			
SEC	TION 7: AUTHORIZATION TO RELEASE OF IN	EOPMATION .						
15.	HOW 7: ACTIONIZATION TO NELEASE OF IN	TORMATION						
	,, hereby authorize the release of any Mil					•	_	
	Department, Washington, Illinois. I further authorize t			_	•	-		•
	information which might be used in evaluation of my on statements made in my application for employment w							
	both the contributor and the City of Washington from							
	release thereof and I release both agents of the contri		_		_			
	there from. This waiver does not permit the release o	r use of disability-related or med	lical	information in	n a mann	er prohibited by the	e Ame	ricans with
	Disabilities Act or other relevant federal or state laws.							
	Signature in Fulls				D-+-			
	Signature in Full:				Date:			

The City of Washington is an equal opportunity employer. Use the following page to continue any of your responses. Be sure to reference corresponding numbers.

ADDI	TIONAL COMMENTS
	Use this space to provide information that does not fit elsewhere on this form (e.g., names, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items. YOU MAY INCLUDE SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS.
•	You may print copies of this page as needed. If you are filling in this page online, text will flow to additional pages automatically.