

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)			<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE			
NUMBER / STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)			
5. CONTACT NUMBERS			
PRIMARY ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/>
6. CONTACT EMAIL		7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)	

2: REFERENCES

8. LIST OF REFERENCES						
<ul style="list-style-type: none"> List 4 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives or current or former employers. 						
8.1	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?		
8.2	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?		
8.3	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE ()		CELL PHONE ()	EMAIL		
	How do you know this person?			How long have you known this person?		
8.4	NAME OF REFERENCE		HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
	HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP
	WORK PHONE		CELL PHONE	EMAIL		

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
<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	/

10. LIST SCHOOL(S) ATTENDED			
10.1	NAME OF GRAMMAR SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
10.2	NAME OF GRAMMAR SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
10.3	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	
10.4	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY	STATE	

11. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED						
11.1	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED		
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY		
11.2	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED		
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY		
11.3	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED		
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY		
11.4	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED		
		/	/	<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		
	ADDRESS (NUMBER / STREET)			TYPE OF DEGREE EARNED		
	CITY	STATE	ZIP	MAJOR / AREA OF STUDY		

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

--	--	--	--	--

SECTION 3: EDUCATION *continued*

12. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED					
12.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		
12.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		
12.3	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?	
		/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		

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.

13.1	NAME OF CURRENT EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)	
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS			REASON FOR WANTING TO LEAVE	
	1)	2)			
	Would there be a problem if we contact your current employer?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain:				

13.2	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)			FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____			/	/

13.3	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER	EXT
				()	

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

JOB TITLE / RANK				EMAIL			
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS				REASON FOR LEAVING			
1)		2)					

13.4	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

13.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)		2)				

13.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

13.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)		2)				

13.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)				FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____				/	/

13.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY		STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)		2)				

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

13.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

13.11	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS			REASON FOR LEAVING	

13.12	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

13.13	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS			REASON FOR LEAVING	

13.14	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

13.15	NAME OF EMPLOYER OR MILITARY UNIT			FROM (MM/YYYY)	TO (MM/YYYY)
				/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)			SUPERVISOR	
	CITY	STATE	ZIP	CONTACT NUMBER ()	EXT
	JOB TITLE / RANK			EMAIL	
	DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
	NAMES OF CO-WORKERS			REASON FOR LEAVING	

13.16	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

13.17	NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
ADDRESS (NUMBER / STREET / SUITE / OR BASE)		SUPERVISOR	

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS			TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1) 2)			REASON FOR LEAVING		

13.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
-------	---	-----------------------	---------------------

13.19	NAME OF EMPLOYER OR MILITARY UNIT	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)	SUPERVISOR	
CITY		STATE	ZIP
JOB TITLE / RANK		CONTACT NUMBER ()	EXT
DUTIES / ASSIGNMENTS		TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1) 2)		REASON FOR LEAVING	

13.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	FROM (MM/YYYY) / /	TO (MM/YYYY) / /
-------	---	-----------------------	---------------------

SECTION 6: CERTIFICATION

14. I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s), and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: ▶

Date:

SECTION 7: AUTHORIZATION TO RELEASE OF INFORMATION

15. I, _____, hereby authorize the release of any Military, Medical, Employment, Credit or School records or transcripts to the Washington Police Department, Washington, Illinois. I further authorize the Washington Police Department to investigate my character and background and solicit any information which might be used in evaluation of my employment potential with the Washington Police Department. I also authorize investigation of all statements made in my application for employment with the Washington Police Department. In making such authorization, I hereby expressly release both the contributor and the City of Washington from any and all liability for any damage whatsoever arising out of or in any way connected with the release thereof and I release both agents of the contributor and agents of the City of Washington from all liability for any damage whatsoever arising there from. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act or other relevant federal or state laws.

Signature in Full: ▶

Date:

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

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.

APPLICATION FOR EMPLOYMENT – Pre-employment Questionnaire

The City of Washington is an equal opportunity employer.

Lined area for writing answers to the questionnaire, consisting of multiple horizontal lines.