Municipal Name
Employment Application

Date:_____

Applicant Information:

Name (Last, First, Middle): _____

Address:_____

City/Town: _____**Zip Code**_____

Phone (Work): ( )_____ **(Home): ( )**_____

Social Security Number: _____ - ____ -_____

Position applied for: _____

Have you ever applied to the Borough before: ____ **Yes** ____**No If yes, give date:**_____

Date you can start: _____ **Salary desired:** _____

Are you available to work: ____ **Full time**____ **Part time**____ **Shift work** ____ **Temporary**

Are you currently employed: ____**Yes** ____**No May we contact you at work:** ____**Yes** ____**No**

May we contact your current employer: ____ **Yes** ____**No**

Are you currently on layoff status and subject to recall: ____**Yes** ____**No**

Do you possess a current driver's license: ____**Yes** ____ **No**

Do you possess a current commercial driver's license: _____ **Yes** _____ **No**

Please list any driver's license endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: __**Yes** __**No**

Are you legally eligible to work in the United States of America: ____**Yes** ____ **No**
Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Borough of Municipal Name is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer: Address:	Date started: Date left: Starting Salary:	Work performed/ responsibilities:
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ No		
Employer: Address:	Date started: Date left: Starting Salary:	Work performed/ responsibilities:
Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ No		
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Job Title:	Final Salary:	
Reason for leaving:		
Supervisor's name and phone number: May we contact for a reference: ___ Yes ___ No		

Comments: _____

_____

_____

_____

_____

_____

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
Elementary:	5 6 7 8	Yes No	N/A
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

_____

_____

_____

_____

Comments & Additional Information: Is there any additional information about you we should consider?

_____

_____

_____

_____

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Borough of Municipal Name, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Borough of Municipal Name later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Borough of Municipal Name the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Borough of Municipal Name the right to secure additional job-related information about me. I release the Borough of Municipal Name and its representatives from all liability for seeking such information. I understand that the Borough of Municipal Name is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Borough of Municipal Name will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Borough of Municipal Name may terminate me at any time in accordance with its established policies and procedures. No representatives of the Borough of Municipal Name may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that employment is conditional on passing a complete background and criminal history check.

Applicant's Signature _____ Date _____

Conditions of Employment:

Please be advised that all offers of employment are conditional on the applicant passing a mandatory criminal background check. A pre-employment physical and drug test may also be required. Pursuant to our personnel policy, all job applicants are required to sign a consent form for drug testing and if the test results are positive and are not accounted for by the legal use of prescription or non-prescription drugs the applicant shall be ineligible for hire unless they can establish a legal basis for the use of the drug or controlled substance for which they test positive. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name:

_____

Address:

_____

City/town:

_____

Phone: ( ) _____

Position Applied For: _____

How did you learn about this position? __Advertisement __Employment Agency __Friend __Relative __Walk-in __Other (Explain)_____

Information Regarding Status:

Gender:

_____Male

_____Female

Equal Employment Opportunity identification groups:

_____White

_____African-American (non-Hispanic)

_____Hispanic

_____American Indian/Alaskan native

_____Asian/Pacific Islander

_____Other_____

Other protected Groups:

_____Individual with a disability

_____Vietnam-era veteran (served between 1964 and 1975)

_____Disabled veteran

[redacted]

Hired; __Yes __No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?
(Circle One)

1. Officials and Managers	4. Sales workers	7. Operators(semi-skilled)
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)
3. Technicians	6. Craft workers (skilled)	9. Service workers

Borough of Municipal Name Official_____
Date_____

This page for Borough of Municipal Name use only!
Results of interview

Interviewer: _____

Date: _____ **Time:** _____