

BOROUGH OF MUNHALL, PENNSYLVANIA

APPLICATION FOR EMPLOYMENT

NAME: (LAST NAME FIRST)		SOCIAL SECURITY No.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
TELEPHONE No.	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?

EDUCATION HISTORY

GRAMMAR SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
COLLEGE	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ADDITIONAL EDUCATION	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (List below last four employers, starting with the last one first)

DATE	NAME & ADDRESS OR EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
To				
FROM				
To				
FROM				
To				
FROM				
To				

REFERENCES Give below the names of persons not related to you, whom you have known at least one year

NAME	ADDRESS/TELEPHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representatives of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representatives.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date

Signature

DO NOT WRITE BELOW THIS LINE

REMARKS

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INTERVIEW BY

DATE

HIRED?

START DATE