



**City of Duquesne**  
 12 South Second Street  
 Duquesne, PA 15110  
 412-469-0544

**Application for  
 Employment**

**Instructions:** This application must be completed in its entirety.

Please print in ink or type.

If, because of a disability, you need assistance in completing this application, please notify the City Manager at 412-469-0544.

Position Applied For: \_\_\_\_\_

Full Time:

Part Time:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 18 years of age? Yes  No

If no, do you have a work permit? Yes  No

Are you a United States Citizen or otherwise authorized to work in the United States? Yes  No

**EDUCATION**

High School Attended:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a High School  
 Diploma or G.E.D. Certificate?

Yes  No

Colleges, Universities, Trade or Technical Schools, or Apprenticeship Programs:

Name:	Location:	Degree, Credits, Certifications, Licenses:


## RELEVANT WORK EXPERIENCE

List any trade, professional, or skill certifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills, abilities, and experiences which qualify you for this position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your past three (3) jobs, beginning with the current or most recent position.

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Hourly Rate of Pay: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If this is a current employer, can we contact this employer?      Yes       No

Will your supervisor/employer give you a good job reference?      Yes       No

If no, please explain: \_\_\_\_\_

Were you ever discharged or asked to resign by this employer?      Yes       No

Were you ever disciplined (given a written warning, suspended, etc.)?      Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Hourly Rate of Pay: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If this is a current employer, can we contact this employer? Yes  No

Will your supervisor/employer give you a good job reference? Yes  No

If no, please explain: \_\_\_\_\_

Were you ever discharged or asked to resign by this employer? Yes  No

Were you ever disciplined (given a written warning, suspended, etc.)? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Hourly Rate of Pay: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If this is a current employer, can we contact this employer? Yes  No

Will your supervisor/employer give you a good job reference? Yes  No

If no, please explain: \_\_\_\_\_

Were you ever discharged or asked to resign by this employer? Yes  No

Were you ever disciplined (given a written warning, suspended, etc.)? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please attach a resume, if available.

If additional space is needed, please continue on a separate sheet of paper.

## REFERENCES

Please list three (3) references other than a relative or a former employer:

Name:	Phone Number:	Relationship:

## MILITARY HISTORY

Do you claim Veterans' Preference? Yes  No

If yes, please attach a copy of your discharge or separation papers (DD Form 214).

Branch of the service: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

## CERTIFICATION, AUTHORIZATION, & AGREEMENT

I certify the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize City of Duquesne to investigate my work, criminal, and personal history and verify all data given on this application, or related papers or in interviews. I authorize all individuals and employers named here in (except my current employer if so noted) to provide any information requested about me, and I release them from all liability in providing this information.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organizations of an "at-will" nature, which means that the employer may discharge an employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and expectations City of Duquesne has for its employees.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THE CITY OF DUQUESNE IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS. APPLICANTS REQUIRING ACCOMMODATIONS IN THE APPLICATION OR HIRING PROCESS SHOULD CONTACT THE CITY MANAGER AT 412-466-4746.**