



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 ☐

Have you ever been convicted of or entered a plea of guilty or no contest to any felony or misdemeanor?

Yes ☐ No ☐

If you answered yes, please identify the violations that you were convicted of and provide the date and place of your conviction. Please note that a conviction will not necessarily disqualify an applicant for employment.

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 all employment for the past ten (10) years, 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: _____

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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 412-469-0544.