

APPLICATION FOR EMPLOYMENT- City of Connellsville

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.

(Please Print)

Position Applied For:			Date of Application:		
Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Telephone Number			<u>Social Security Number (voluntary)</u>		

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

yes no

Have you ever filed an application with the City before?
If yes, give date. _____

yes no

Do any of your friends or relatives, other than spouse, work here?
If yes, state name, relationship, and location. _____

yes no

Are you currently employed?

yes no

May we contact your current employer?

yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

yes no

Proof of citizenship or immigration status will be required upon employment

Date available for work _____ What is your desired salary range? _____

Are you available to work:

- Full time
- Part Time
- Temporary

Are you currently on "lay-off" status and subject to recall?

yes no

Can you travel if the job requires it?

yes no

EDUCATION				
School	Name and Address of School	Course of study	No. of Years completed	Diploma/Degree
High School				
Undergraduate college				
Graduate/Professional				
other (specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or other protected status.

Employer	Dates employed		Work Performance
	To	From	
Address			
Telephone Number	Hourly Rate-Salary		
Starting/Job title			
Supervisor			
Reason for leaving	May we contact		yes <input type="checkbox"/> no <input type="checkbox"/>

Employer	Dates employed		Work Performance
	To	From	
Address			
Telephone Number	Hourly Rate-Salary		
Starting/Job title			
Supervisor			
Reason for leaving	May we contact		yes <input type="checkbox"/> no <input type="checkbox"/>

Employer	Dates employed		Work Performance
	To	From	
Address			
Telephone Number	Hourly Rate-Salary		
Starting/Job title			
Supervisor			
Reason for leaving	May we contact		yes <input type="checkbox"/> no <input type="checkbox"/>

Comments: Include explanation of any in employment

Describe any specialized training, apprenticeship, skills and extra -curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

Additional Information
Other Qualifications <i>Summarize special job-related skills and qualifications acquired from employment or other experiences</i>

Specialized Skills (skills/equipment Operated)

_____ Terminal	_____ Spreadsheet	Machinery and Equipment list
_____ PC/MAC	_____ Word Processing	_____
_____ Office Equipment	_____ Shorthand	_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without accommodation, the activities involved in the job or position in which you have applied? A review of the activities involved in such a job or occupation has been given

_____ yes _____ no

PERSONAL/PROFESSIONAL REFERENCES

do not include family members

Name	Phone Number	Best time to call	Occupation

Applicant's Statement

I certify that the answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be active for a period of 180 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 this time.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date