

*Borough of
New Stanton, Pennsylvania*

Phone: 724-925-9700
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451 North Center Avenue
New Stanton, Pennsylvania 15672

APPLICATION FOR EMPLOYMENT

The Municipality of NEW STANTON is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, sex, age, non-job related disability or veteran status. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

INSTRUCTIONS: This application must be completed in its entirety. Please print in ink. If because of a disability, you need assistance in completing this application form, or if you have questions, please notify the Borough office at 724-925-9700.

Name: _____ Address: _____

Phone No: _____ Social Security No: _____

Position Applying for: _____

PADriver's License No: _____ Expiration Date: _____

Class of License: _____

Types of Vehicles and Equipment certified to operate: _____

Years of experience or years certified as to such vehicles or equipment: _____

How were you referred?: _____ Date available for work: _____

Do you have any commitments to another employer that might affect your employment with the Borough?: _____

Educational Data

Please list the highest grade completed and degree or diploma received

<u>Number of Years Completed</u>	<u>Degree or Diploma Received and Year</u>	<u>Name and Address of School</u>
_____	_____	_____
_____	_____	_____

Military Experience

Were you in the armed forces? Yes _____ No _____

If Yes, which branch?: _____

Dates of duty from and to: _____

Rank at separation and description of duties: _____

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**Employment History**

*Please list your present employer and/or your most recent employers.*

May we contact these employers? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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**General Information**

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you below the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any accommodations required: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

Nature: \_\_\_\_\_

*(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)*

\_\_\_\_\_

Signature

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