

BOROUGH OF MOUNT JOY
APPLICATION FOR EMPLOYMENT

An equal opportunity employer



LAST NAME

FIRST

MIDDLE INITIAL

PRESENT ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER (DAY)

(EVENING)

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING: _____

PLEASE CHECK PREFERRED STATUS:

Full-time Part-time Seasonal No Preference Other : _____

DATE AVAILABLE TO START: _____

Are you over the age of 18? yes no If no, state your age: _____

Are you willing to work overtime, if necessary? yes no

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation?
 yes no

Have you ever been convicted of a crime other than a minor traffic offense or are there charges presently pending against you for any crime other than a minor traffic offense? If yes, state the nature of the offense, date, city and state:

Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each offense will be evaluated on its own merit with consideration for job duties which you will be performing.

During the past ten years have you ever been involved in any work-related incident(s) which caused damage to facilities, equipment, property, or other persons? yes no

Do you have the legal right to work in the United States? yes no

RECORD OF EDUCATION
(LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFICATION)

SCHOOL NAME	LOCATION	COURSE OF STUDY	DEGREE/CERT.
High School			XX XX
College			
Graduate			

RECORD OF PREVIOUS EMPLOYMENT
(PROVIDE INFORMATION ON THE PREVIOUS 10 YEARS OF EMPLOYMENT. INCLUDE MILITARY SERVICE.)

PRESENT		
Name	From:	
	To:	
Street Address	Starting salary:	
City, State, Zip	Current salary:	
Supervisor	Telephone Number ()	

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING EMPLOYMENT ELSEWHERE? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

PREVIOUS		MONTH / YEAR	POSITION HELD AND DUTIES PERFORMED
Name	From:		
	To:		
Street Address	Starting salary:		
City, State, Zip	Ending salary:		
Supervisor	Telephone Number ()		

NEXT PREVIOUS		MONTH / YEAR	POSITION HELD AND DUTIES PERFORMED
Name	From:		
	To:		
Street Address	Starting salary:		
City, State, Zip	Ending salary:		
Supervisor	Telephone Number ()		

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NEXT PREVIOUS		MONTH / YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From:	
		To:	
Street Address		Starting salary:	
City, State, Zip		Ending salary:	
Supervisor	Telephone Number ()		Reason for leaving:

NEXT PREVIOUS		MONTH / YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From:	
		To:	
Street Address		Starting salary:	
City, State, Zip		Ending salary:	
Supervisor	Telephone Number ()		Reason for leaving:

Typing speed (Clerical Position):	Computer operation: ___ yes ___ no	Additional Computer Skills:
	Word processing: ___ yes ___ no	
	Spreadsheet: ___ yes ___ no	

If you are applying for a Public Works position:		
Do you possess a Commercial Driver's License (CDL)? ___ yes ___ no		
State:	Operator's number:	Expiration Date:
Has your Driver's License been suspended or revoked in the last 5 years? ___ yes ___ no		
If yes, please explain:		
Please indicate most recent moving violation:		
Date:	Violation:	State of incident:

List specialized training courses or on-the-job training you have received :			
Type of Training	Training Provided By:	Dates of training:	Location?

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, discharge from employment. I authorize the Borough to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not; and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of an original.

_____ (Date) _____ (Applicant's Signature)

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewed? Yes No

Remarks _____

Hired? Yes No Date of Hire _____ Employee ID#: _____

Job Title _____ Hourly Rate / Salary _____ Department _____