

BOROUGH OF MOUNT JOY MOUNT JOY BOROUGH AUTHORITY APPLICATION FOR EMPLOYMENT



An equal opportunity employer

LAST NAME	FIRST	MIDDLE INITIAL			
PRESENT ADDRESS (S	STREET, CITY, STATE, ZIP)				
PHONE NUMBER (DAY	Y) (EVENING)				
POSITION OR TYPE C	DF WORK FOR WHICH YOU ARE APPLYING:				
CHECK PREFERRED S	STATUS:Full-timePart-timeSeasonalNo Preference _	Other:			
DATE AVAILABLE TO	START:				
Are you over the age	of 18? yes no _ If <u>no</u> , state your age:				
Are you willing to wor	rk overtime, if necessary? yes no				
Can you perform the yes no	essential duties of the job for which you are applying, with or without r	easonable accommodation?			
	convicted of a crime other than a minor traffic offense or are there charging other than a minor traffic offense? If yes, state the nature of the o				
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? yesno					
Do you have the legal	I right to work in the United States?yesno				
,	RECORD OF EDUCATION (LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFIC	CATIONIX			
SCHOOL NAME	LOCATION COURSE OF STUDY DAT	,			
High School	EOG/1101V COOKSE OF STODY DAY	ES DEGREE/CERT			
College					
Graduate					

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

(FROVIDE	TIMI OKIMATION ON TI	IL LKENIOOS IO LE	ARS OF EMPLOTMENT. INCLUDE MILITARY SERVICE.)
PRESENT EMPLOYER			POSITION(S) AND / OR DUTIES PERFORMED
Name:		From:	
		To:	
Street Address:		1	
		Starting salary:	
City, State, Zip:		Ending salary:	Reason for leaving:
,, , ,		,	
Supervisor:	Phone Number:	1	
'			
DOES YOUR PRESE	NT EMPLOYER KNOW	YOU ARE SEEKING	EMPLOYMENT ELSEWHERE? YES NO
MAY WE CONTACT	YOUR PRESENT EMP		NO
PREVIOUS EMPLO	YER	MONTH / YEAR	POSITION(S) HELD AND DUTIES PERFORMED
Name:		From:	
		To:	
Street Address:			
		Starting salary:	
City, State, Zip:		Ending salary:	Reason for leaving:
	1		
Supervisor:	Phone Number:		
NEXT PRE TOUG EMPLOYER			
NEXT PREVIOUS EMPLOYER		MONTH / YEAR	POSITION(S) HELD AND DUTIES PERFORMED
Name:		From:	
		T	
Street Address:		То:	
Street Address.		Starting salary:	
		Starting Salary.	
City, State, Zip:		Ending salary:	Reason for leaving:
City, State, Zip.		Lituing Salary.	Reason for leaving.
Supervisor:	Phone Number:	-	
Supervisor:	Thore Number.		
NEXT PREVIOUS EMPLOYER		MONTH / YEAR	POSITION(S) HELD AND DUTIES PERFORMED
Name:		From:	
		To:	
Street Address:		1	
		Starting salary:	
City, State, Zip:		Ending salary:	Reason for leaving:
]	
Supervisor:	Phone Number:		

NEXT PREVIOUS EMPLOYER		MONTH / YEAR	POSITION(S) HELD AND DUTIES PERFORMED			
Name:	Name:					
CI . A L /		То:				
Street Address:		Starting salary:				
		Starting Salary.				
City, State, Zip:		Ending salary:	Reason for leavi	ina:		
city, State, Zipi		Litanig Salary:	reason for leavi	9.		
Supervisor:	Phone Number:					
If you are applying	for a clerical position	n indicate:				
	Computer ope		No:	Kind:		
Word processing:				Kind:		
Spreadsheet:	Voc:	No:		Kind:		
Spreadsneet.	res	NO		Niiu.		
If you are applying Manager position, i	If you are applying for a Public Works or Authority (Water/Sewer/Construction Department or Assistant Authority					
	Commercial Driver's I	icense (CDL)?	_ yes no			
State:	Оре	erator's number:		Expiration Date:		
	cense been suspend	led or revoked in th	e last 5 years?	yesno		
If yes, please expla	in:					
Please indicate mos	st recent moving vio					
Date:	Vio	lation:		State of incident:		
List specialized train	ning courses or on-t	he-ioh training vou	have received:			
What type?	List specialized training courses or on-the-job training you have received: What type? Who provided training? Dates of training?					
Location?		, , , , , , , , , , , , , , , , , , ,				
The information that	I have provided o	n this application	is true and com	nplete to the best of my knowledge. Any		
misrepresentation or or	mission of fact in m	ny application, resu	me, or any other	materials, or during any interviews, can be		
-			•	yment. I authorize the Borough/Authority to		
				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 DI	EPARTMENT USE	ONLY		
Interviewed? Ye						
	s No Hir	red? Yes	No	Date of Hire:		
Job Title:				Date of Hire: Department:		
Job Title:		Hourly Rate/Sala	ry:			