

 Ebensburg Borough 300 West High Street Ebensburg, PA 15931

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| Position desired |       | Date |       |
| Date available |       | Full time |       | Part time |       |
| If part time, specify days and hours per week available |       |
|  |  |  |  |  |
| PERSONAL DATA |
| Name |       |             | Social Security number |       |
|  *(Last)* |  *(First) (Middle)* |  |  |  |
| Address |       |       |       |       |
|  *(Number and Street)* | *(City)* | *(State)* | *(Zip Code)* |
| Email: |       |
| Phone number (s) where you can be reached: |       |
| Are you at least 21 years of age? |       | If no, state date of birth |       /       /       |
| Are you a U.S. Citizen? |       | If no, are you authorized to work in the U.S.? |       |
|  |  |  |  |
| EDUCATION AND TRAINING |
|  | SCHOOL NAME AND ADDRESS | Did you Graduate? | Degree | Major Studies |
| High School |       |       |       |       |
| Business or Trade |       |       |       |       |
| College |       |       |       |       |
| Other (Specify) |       |       |       |       |
| Special qualifications: (include technical and professional licenses, academic and professional awards, etc. |
|       |
|       |
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| COMPUTER SKILLS |
| List any programs you are familiar with and your current level of knowledge: |       |
|       |
|       |

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| EMPLOYMENT RECORDList all present and past employment with most recent first |
| Employer's name |       | From |       | To |       |
| Address |       | Type of business |       |
|       | Phone |       | Salary |       |  |       |
|  |  | *(Area Code) (Number)* |  *(Starting) (Ending)* |
| Name and title of supervisor |       |
| Your job title |       | Reason for leaving |       |
| Briefly describe the nature and duties of your position |       |
|       |
|       |
| May we contact your present employer? |       |
|  |  |  |  |
| Employer's name |       | From |       | To |       |
| Address |       | Type of business |       |
|  | Phone |       | Salary |       |  |       |
|  |  | *(Area Code) (Number)* |  *(Starting) (Ending)* |
| Name and title of supervisor |       |
| Your job title |       | Reason for leaving |       |
| Briefly describe the nature and duties of your position |       |
|       |
|       |
|  |  |  |  |
| Have you ever been dismissed or asked to resign from any position? |       | If yes, give details in space provided on back page. |
| Have you ever been convicted of any crime in a court of law? |       | If yes, give details below in space provided (excluding  |
| minor traffic violations). Criminal record will not necessarily exclude you from employment. |
|       |
|       |
| If employed, what length of time do you expect to reside in this area? |       |

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| REFERENCES Do not list relatives, only persons who can provide employment, education or character references |
| Name |       | Occupation |       |
| Address |       | Phone | Home |       |
|       | Office |       |
| Name |       | Occupation |       |
| Address |       | Phone | Home |       |
|       | Office |       |
| Name |       | Occupation |       |
| Address |       | Phone | Home |       |
|       | Office |       |
| Use this space to describe your interest in the position, to summarize any additional information necessary to describe your full qualifications, and to explain answers to previous questions as noted on previous pages. |
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| SUMMER PUBLIC WORKS/MAINTENANCE APPLICANTS ONLY |
| Do you have a Pennsylvania driver's license?       |  [ ]  Yes | [ ]  No |
| Have you had any past experience in driving a truck? |  [ ]  Yes | [ ]  No |
|  If yes, state experience and type of truck.       |
|       |
| Have you had any past experience in driving heavy equipment or operating heavy equipment? |  [ ]  Yes | [ ]  No |
|  If yes, state experience and type of truck.       |
| Do you have a reliable means of transportation to place of employment regardless of the time of day? |  [ ]  Yes | [ ]  No |

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| FOR LIFEGUARD APPLICANTS ONLY |
| Have you completed the American Red Cross Lifeguard Training Course? |  [ ]  Yes | [ ]  No |
| Are you certified in First Aid and CPR/AED? |  [ ]  Yes | [ ]  No |
|  |
| SIGNATURE |
| *I understand that this employment application shall be considered valid for a period of time not to exceed (90) days. If I still desire a position with Ebensburg Borough after this employment application expires, it will be my duty to complete a new employment application and file it with the Borough. The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that, if employed, false statements on this application shall be sufficient cause for dismissal. I also understand that to qualify for employment, I may be subject to a background investigation and a medical examination.* |
| Signed |       | Date |       |
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| *Ebensburg Borough does not discriminate on the basis of race, color, religion, national origin, sex, age or disability as defined by law.* |

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