

THE BOROUGH OF FRACKVILLE HAS A STRONG COMMITMENT TO THE CONCEPT OF EQUAL EMPLOYMENT. IT IS THE BOROUGH'S POLICY TO RECRUIT AND HIRE ALL PERSONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, AGE OR NON-JOB RELATED PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY APPLICANT AN INTERVIEW OR EMPLOYMENT. ALL EMPLOYEES OF THE BOROUGH OF FRACKVILLE SHALL BE OR BECOME RESIDENTS OF FRACKVILLE WITHIN (6) SIX MONTHS OF PERMANENT EMPLOYMENT STATUS. FAILURE TO DO SO SHALL BE CAUSE FOR DISMISSAL.

PERSONAL DATA

NAME LAST FIRST MIDDLE

SOCIAL SECURITY #

PHONE #

PRESENT ADDRESS STREET CITY STATE ZIP

HOW LONG?

PREVIOUS ADDRESS STREET CITY STATE ZIP

HOW LONG?

HAVE YOU EVER WORKED FOR THE BOROUGH OF FRACKVILLE? WHEN?

REASON FOR LEAVING

JOB INTEREST () FULL TIME () PART TIME () OTHER

POSITION DESIRED DATE AVAILABLE

ARE YOU WILLING TO WORK NIGHT SHIFT? SATURDAYS & SUNDAYS?

DO YOU HAVE A VALID PA DRIVERS LICENSE? IF SO, ENTER #

ARE YOU BETWEEN THE AGES OF 18 AND 70 YEARS OLD?

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?

EDUCATION GRADE HIGH SCHOOL

LAST YEAR SCHOOL COMPLETED: () 5 () 6 () 7 () 8 () 9 () 10 () 11 ()

NAME AND LOCATION OF SCHOOL

HIGH SCHOOL COLLEGE TRADE/BUSINESS

YRS. ATTENDED COURSE/DEGREE

Table with 2 columns: FROM, TO

ARE YOU A VETERAN?

MACHINES YOU CAN OPERATE AND OTHER TRAINING SKILLS

LIST YOUR MOST RECENT JOB FIRST, ACCOUNT FOR ALL TIME INCLUDING UNEMPLOYMENT

DAYS TO	EMPLOYER NAME/ADDRESS	WAGES		REASON FOR LEAVING
		START	FINAL	
		1. _____	_____	_____
		2. _____	_____	_____
		3. _____	_____	_____
		1. _____	_____	_____
		2. _____	_____	_____
		3. _____	_____	_____
		1. _____	_____	_____
		2. _____	_____	_____
		3. _____	_____	_____

ES: GIVE NAMES OF 3 PERSONS. EXCLUDE RELATIVES OR FORMER EMPLOYERS. DO NOT LIST BOROUGH COUNCIL MEMBERS.

ADDRESS BUSINESS

FOR PERSONNEL DEPT. USE ONLY

ED BY _____ DATE _____
 TITLE _____ DEPT. _____
 D STARTING DATE _____
 PER _____
 BY _____ DEPT. _____ DATE _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ RELATIONSHIP _____
 ADDRESS _____ PHONE _____

APPLICANT'S CERTIFICATION AND AGREEMENT:

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

APPLICANT SIGNATURE _____ DATE _____