



BOROUGH OF FRACKVILLE
EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT APPLICATION

IT IS THE BOROUGH'S POLICY TO RECRUIT AND HIRE ALL PERSONS WITHOUT REGARD TO RACE, CREED, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, AGE, OR HANDICAP.

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY APPLICANT AN INTERVIEW OR EMPLOYMENT.

PERSONAL DATA

SOCIAL SECURITY # _____

NAME _____
 LAST FIRST MIDDLE

PHONE NUMBER _____

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

FOR HOW LONG? _____

PREVIOUS ADDRESS _____
 STREET CITY STATE ZIP

FOR 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 _____ WEEKENDS _____ ARE YOU 18-70 YEARS OLD _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? (IF SO, EXPLAIN) _____

EDUCATION

MOST RECENT YEAR OF SCHOOL COMPLETED: _____

NAME AND LOCATION OF SCHOOL

HIGH SCHOOL _____

YEARS ATTENDED & DEGREE OBTAINED

COLLEGE _____

TRADE/BUSINESS _____

ARE YOU A VETERAN? _____

EMPLOYMENT HISTORY

PLEASE LIST YOUR MOST RECENT JOB FIRST

FROM TO EMPLOYER NAME/ADDRESS WAGES: START/FINAL
1. _____

JOB TITLE _____ DEPARTMENT _____ SUPERVISOR _____

FROM TO EMPLOYER NAME/ADDRESS WAGES: START/FINAL
2. _____

JOB TITLE _____ DEPARTMENT _____ SUPERVISOR _____

FROM TO EMPLOYER NAME/ADDRESS WAGES: START/FINAL
3. _____

JOB TITLE _____ DEPARTMENT _____ SUPERVISOR _____

REFERENCES

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

NAME

PHONE

TITLE

1. _____

2. _____

3. _____

THIS SPACE FOR PERSONNEL DEPT. USE ONLY

INTERVIEWED BY _____ DATE _____

FOR JOB TITLE _____ DEPT. _____

DATE HIRED _____ STARTING DATE _____

WAGE _____ REMARKS _____

APPROVED BY _____ DATE _____

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. I UNDERSTAND THAT IF EMPLOYED, FALSIFIED INFORMATION PROVIDED SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

APPLICANT'S SIGNATURE _____ DATE _____