

ADAMSTOWN BOROUGH APPLICATION FOR EMPLOYMENT

NAME _____

ADDRESS _____

TELEPHONE NO. _____

POSITION REQUESTING _____

DATE YOU CAN START ____/____/____ SS # _____ - _____ - _____

ARE YOU CURRENTLY EMPLOYED _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE	COURSE OF STUDY
HIGH SCHOOL _____			

COLLEGE _____

TRADE OR
BUS. SCHOOL _____

CURRENT/FORMER EMPLOYERS (Please list below your last three (3) employers starting with your current or most recent employer.)

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ TELEPHONE NO. _____

FROM ____/____/____ TO ____/____/____

SUPERVISOR _____

DUTIES _____

REASON FOR LEAVING _____

REFERENCES (Please list three (3) people not related to you.)

NAME	TELEPHONE NO.	YEARS ACQUAINTED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION INCLUDING A BACKGROUND CHECK. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION REQUESTED IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE _____ DATE ____/____/____

Adamstown Borough considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.