

# ADAMSTOWN BOROUGH APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

POSITION REQUESTING \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DRIVER'S LICENSE STATE \_\_\_\_\_ NO. \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED      YES                      NO

## EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE	COURSE OF STUDY
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HIGH SCHOOL \_\_\_\_\_

COLLEGE  
TRADE OR  
BUSINESS  
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 \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUPERVISOR \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

FROM \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SUPERVISOR \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

NAME	TELEPHONE NO.	YEARS ACQUAINTE
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, gender, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.