

BOROUGH OF SHIPPENSBURG

| FOR OFFICE USE ONLY | |
|-------------------------|--------------------|
| Possible Work Locations | Possible Positions |
| | |



111 North Fayette Street
P.O. Box 129
Shippensburg, PA 17257
(717) 532-2147
Fax: (717) 532-6948

| FOR OFFICE USE ONLY | |
|---------------------|------------|
| Work Location _____ | Rate _____ |
| Position _____ | Date _____ |

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however, is not exhaustive of the grounds on which discrimination is prohibited.**

(PLEASE PRINT PLAINLY)

PERSONAL

Date _____

Name _____
Last First Middle

Social Security No. _____ Telephone No. _____

Address _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes ___ No ___ If no, hire is subject to verification that you are of minimum legal age:

Position(s) applied for _____

Were you previously employed by us? Yes ___ No ___ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

To employer: The right to ask questions concerning convictions varies from state to state and is subject to change. If you wish the applicant to answer the following question, and are legally permitted to do so, please check the box next to the question *and* fill in the legally appropriate time period for your state.

To applicant: Do *not* answer the following question unless the employer has checked the box next to the question *and* filled in the blank prior to the word years.

Have you been convicted of a major crime (felony) in the past _____ years? Yes ___ No ___
(Do not answer Yes if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court.)

If yes, please give the conviction date and nature of the offense. _____

_____ A conviction record will not necessarily bar employment.

EMPLOYMENT HISTORY

| Name and Address of Company and Type of Business | From | | To | | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: | | | | | | | |
| | | | | | | | | |
| Telephone | | | | | | | | |

| Name and Address of Company and Type of Business | From | | To | | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: | | | | | | | |
| | | | | | | | | |
| Telephone | | | | | | | | |

| Name and Address of Company and Type of Business | From | | To | | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: | | | | | | | |
| | | | | | | | | |
| Telephone | | | | | | | | |

| Name and Address of Company and Type of Business | From | | To | | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|----------------------------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | |
| | | | | | | | | |
| | Describe the work you did: | | | | | | | |
| | | | | | | | | |
| Telephone | | | | | | | | |

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

Employer I? Yes _____ No _____

Employer II? Yes _____ No _____

Employer III? Yes _____ No _____

Employer IV? Yes _____ No _____

Signed _____

RECORD OF EDUCATION

| School | Name and Address of School | Course of Study | Circle Last Year Completed | Did You Graduate? | List Diploma or Degree |
|--------------------|----------------------------|-----------------|----------------------------|---|------------------------|
| Elementary | | X | 5 | <input type="checkbox"/> Yes <input type="checkbox"/> No | X |
| | | | 6 | | |
| | | | 7 | | |
| High | | | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | 2 | | |
| | | | 3 | | |
| College | | | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | 2 | | |
| | | | 3 | | |
| Other (Specify) | | | 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | 2 | | |
| | | | 3 | | |

PERSONAL REFERENCES (Not Former Employers or Relatives)

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
| | | |
| | | |
| | | |

May we telephone you to follow up on this application at home? Yes ___ No ___

If yes, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes ___ No ___

If yes, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

Do not write on this page

| INTERVIEWER | DATE | COMMENTS |
|-------------|------|----------|
| | | |
| | | |
| | | |
| | | |

FOR TEST ADMINISTRATOR'S USE

| TESTS ADMINISTERED | DATE | RAW SCORE | RATING | COMMENTS AND INTERPRETATION |
|--------------------|------|-----------|--------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCE CHECK

| *Position Number | RESULTS OF REFERENCE CHECK | *Position Number | RESULTS OF REFERENCE CHECK |
|------------------|----------------------------|------------------|----------------------------|
| I | | IV | |
| II | | | |
| III | | | |

*See Page 2