



Application for Employment

BOROUGH of BERWICK
1800 North Market Street
Berwick, PA 18603

We consider applications for all positions without regard to age, race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(Please PRINT)

Position Applied For:		Date of Application:	
How Did You Learn About Us? <input type="checkbox"/> Advertisement in Newspaper <input type="checkbox"/> Face Book <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Enquiry <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Street Address		City	State
		Zip Code	
Home Phone Number	Cell Phone Number	E-Mail Address	
Best Time To Contact You: _____ AM/PM			
If you are under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO,		If YES give Date: _____	
Do any of your friends/relatives work here? <input type="checkbox"/> YES <input type="checkbox"/> NO,		If YES give Date: _____	
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently on "lay-off" status or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO,			
Have you ever been convicted of felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES explain nature of felony and last date of conviction: _____			
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Proof of citizenship or immigration status will be required upon employment.</i>			
Date available for work ____/____/____		What is your desired salary range? _____	
Are you available to work: <input type="checkbox"/> Full Time (Indicate Shift 1 2 3) <input type="checkbox"/> Part Time (Indicate Shift 1 2 3)			
<input type="checkbox"/> Temporary (Indicate dates available): ____/____/____ to ____/____/____			
Can you travel if job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION

	Name & Address of School	Course of Study	Number of years completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College/University				
Graduate Professional				
Other (Specify)				

Are you considered a veteran? YES NO

If YES; describe any job related training received in the United States military.

Describe any specialized training, apprenticeship, or skills you have acquired or any additional information you feel maybe helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disability or other protected status.

EMPLOYER	DATES EMPLOYED FROM TO	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/SALARY STARTING FINAL	
Reason for leaving		

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SPECIALIZED SKILLS

CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> OUTOOK |
| <input type="checkbox"/> TYPING ____ WPM | <input type="checkbox"/> PRINTER/COPIER |
| <input type="checkbox"/> 10 KEY ____ KPH | <input type="checkbox"/> POSTAGE MACHINE |
| <input type="checkbox"/> WORD | <input type="checkbox"/> VALID DRIVERS LICENCE |
| <input type="checkbox"/> EXCEL | <input type="checkbox"/> VALID (CDL) COMMERCIAL
DRIVERS LICENCE |
| <input type="checkbox"/> ACCESS | <input type="checkbox"/> CARPENTRY SKILLS |
| <input type="checkbox"/> POWERPOINT | <input type="checkbox"/> ENGINE REPAIR |

LIST ANY SOFTWARE
YOU HAVE EXPERIENCE WITH
(such as QUICKBOOKS etc.)

LIST ANY MACHINERY
AND/OR HAND TOOLS
YOU HAVE EXPERIENCE WITH

REFERENCES PLEASE LIST 3

1.	_____ (_____) _____ NAME PHONE NUMBER
	_____ ADDRESS
2.	_____ (_____) _____ NAME PHONE NUMBER
	_____ ADDRESS
3.	_____ (_____) _____ NAME PHONE NUMBER
	_____ ADDRESS

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

POSITION APPLYING FOR: _____